



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

Mailing Address: P.O. Box 547, Anacortes, WA 98221

Office Location: 904 6th Street, Anacortes WA 98821

Phone: (360) 299-1984

COMPREHENSIVE PLAN / DEVELOPMENT REGULATION AMENDMENT PETITION

APPLICANT CHECKLIST	<p>Petition Application Submittal Checklist</p> <p>See AMC Ch. 19.16 Legislative Actions for complete requirements.</p>	OFFICE USE ONLY
	Application form (attached)	
	Petition narrative (attached)	
	SEPA Checklist, including Part D for Non-Project Actions	
	Map identifying the property included in the proposed amendment (if applicable) showing parcels and streets located within and adjacent to the site	
<p>For Submittals:</p> <p>Digital copy of the application and all submitted materials (flash drive or to pced@cityofanacortes.org.)</p>		<p>Application Fee</p> <p>See the Land Use Application Fee Schedule</p> <p>(There is no fee for policy/text amendment petitions)</p>

Completed petitions must be received by the last business day of March. Early contact with the Planning, Community, & Economic Development Department is encouraged prior to submittal of your petition. Please review AMC 19.16 for more information about the amendment review process.

Contact Libby Grage, Planning Manager, at 360-299-1986 or libbyb@cityofanacortes.org with questions about this application form or process.

APPLICATION INFORMATION

TYPE OF AMENDMENT REQUESTED		
<input type="checkbox"/> Comprehensive Plan Policies	<input type="checkbox"/> Comprehensive Plan Land Use Map	<input type="checkbox"/> Development Regulations
AMENDMENT REQUEST INFO		
AMENDMENT NAME/TITLE:		
APPLICANT INFORMATION		
NAME:	MAILING ADDRESS:	
PHONE:	EMAIL ADDRESS:	
NAME OF DESIGNATED CONTACT IF APPLICANT IS A GROUP:		
MAP AMENDMENT REQUESTS ONLY		
(only complete this portion if you are requesting a Comprehensive Plan Land Use Map amendment)		
SITE ADDRESS (if applicable):		
PARCEL NUMBER(S) (if applicable):	SECTION, TOWNSHIP, & RANGE	
LEGAL DESCRIPTION:	PRESENT LAND USE DESIGNATION:	
PROPERTY OWNER INFORMATION: <input type="checkbox"/> Multiple owners attached		
PROPERTY OWNER NAME:	MAILING ADDRESS:	
EMAIL ADDRESS:	PHONE #:	
OWNER'S AUTHORIZED AGENT/CONTACT:		
PROPERTY OWNER NAME:	MAILING ADDRESS:	
EMAIL ADDRESS:	PHONE #:	

Property Owner(s)

I am the owner of the property described above or am authorized by the owner to sign and submit this application. I grant permission for the City staff and agents to enter onto the subject property at any reasonable time to consider the merits of the application and post public notice. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct.

I also acknowledge that by signing this application I am the responsible party to receive all correspondence from the City regarding this project.

Signature by Owner/Agent:

Date:

Printed Name:

PETITION NARRATIVE

For all types of amendment requests:

Please fill in each space with the requested information, or note “see attached” and attach more pages to this form.

A. Detailed statement of what is proposed to be changed and why.

B. Statement of anticipated impacts to be caused by the change, including geographic area affected and issues presented.

C. Demonstration of why the proposal is needed.

D. Statement of how the amendment is consistent with the comprehensive plan’s vision and goals.

E. **For map amendments only:** Description of how the map amendment complies with:
1. The land use designation criteria in the comprehensive plan; and
2. Approval criteria for map amendments and rezones.