



Petition for Zoning Change

400 N Mill St
PO Box 229
Colfax, WA 99111
(509) 397-3861

Application Procedure

1. Applicant files a completed application for zone change with \$300 Application fee, **and** a SEPA Review Fee. Include detailed description of zone change requested: (i.e. residential to commercial, commercial to residential, etc.) Please also include current and proposed use of property.
2. Application reviewed for completeness by Building & Planning Department
3. The City will set a date for Planning Commission public hearing no more than 90 days after approval of completed petition.
4. The City will publish hearing in newspaper, post at property and in two other public places not less than 15 days or more than 30 days before hearing.
5. The City will mail notice to all property owners within 300 feet of proposed zone change at least 15 days before hearing.
6. The Building & Community Development Associate (BCDA), City Administrator and other appropriate staff prepare staff report.
7. The Planning Commission holds public hearing and makes recommendation to City Council.
8. The City Council holds public hearing and approves/denies application.
9. The City Council's decisions are appealed to Whitman County Superior Court.

Submittal Requirements

A complete application is required before the City of Colfax can proceed with technical analysis and make an informed decision on a request for zone change. Below is a list of materials that are required for zone change applications. The City of Colfax will not process any application until all the items on the list have been submitted. Please consult with the Building & Community Development Associate if you have any questions. All application materials become public information.

Required Application Materials

- Complete Zone Change application form.
- Letter addressed to City Council and Planning Commission requesting change of zone
- Full legal description and plot map of the property showing dimensions, setbacks, easements, and adjacent zones.
- Names and mailing addresses, as shown on the records of the County Assessor, of all properties within 300 feet of the boundaries of the property for which the zone change is requested.
- Application Fee of \$300 (non-refundable)
- SEPA Review Fee (\$100 w/o public hearing, \$200 with hearing)
- Applicant and Notary Signatures



Application for Zone change

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APPLICANT INFORMATION

YOUR NAME(Please write above this line)			PHONE#
BUSINESS NAME(If Applicable)			FAX#
MAILING ADDRESS			
CITY	WA	ZIP	
E-MAIL ADDRESS			
SIGNATURE (ORIGINAL REQUIRED)			DATE
Note: I consent to an on-site inspection by an employee(s) of the City of Colfax			

Property

Address/location _____ Parcel # _____

Current Zone: _____ Proposed Zone _____ Size: _____ (acres or square feet)

*Attach a legal description of property and a plat map on following pages

Land Use

Existing use of the property:

Intended use of property:

Changes to be made to the property:

Special information (deed restrictions, etc) the Planning Commission or City Council should know:

Applicant's Proposed Findings of facts

Prior to making a recommendation or decision regarding a request to rezone, the Colfax Planning Commission and City Council must adopt "Findings of Fact." These Findings of Fact are factual statements which the Commission relies upon in reaching its conclusions and decisions. The burden of proving that a rezone should be granted under the provisions of the Colfax Zoning Code rests with the applicant. Thus, it is necessary for the applicant to present facts in brief written form which address in specific detail each of the following questions.

1. Is the proposal consistent with the Comprehensive Plan?
2. Is the proposal consistent with the purposes of the Zoning Code and the proposed zone district?
3. What is the relationship of the proposed zoning change to the existing land uses, and the zoning of surrounding or nearby property?
4. Has there been sufficient change in the character of the surrounding or nearby area, or in city policy, to justify the rezone?
5. Is the property economically and physically suitable for the uses allowed under the existing zoning, and under the proposed zoning?
6. What is the relative gain to the public health, safety and welfare compared to a potential increase or decrease in value to the property owners?
7. Is the proposal necessary to correct an error? Are special conditions necessary to achieve compatibility of development with surrounding properties?

Please answer questions separately and attach to Exhibit D of this packet

EXHIBIT A

ZONE CHANGE REQUEST LETTER

PROPERTY ADDRESS _____ FILE No. _____

*Please attach a letter addressed to the Planning Commission. In the letter, please include any information the commission may need to know such as the zone change being requested, and how it meets the requirements for a zone change as outlined in this packet and in the Colfax Municipal Code.

EXHIBIT B

PLAT & ZONING MAP OF PROPERTY LOT

PROPERTY ADDRESS _____ FILE No. _____

*Please attach plat and zoning maps of the property. Please indicate and label dimensions of property/structures, setbacks, and easements. Zoning map should show surrounding area and adjacent zones. You may also include photos of the property.

EXHIBIT C

FULL LEGAL DESCRIPTION OF PROPERTY

PROPERTY ADDRESS _____ FILE No. _____

*Please attach a full legal description of property

EXHIBIT D

APPLICANT PROPOSED FINDINGS OF FACT

PROPERTY ADDRESS _____ FILE No. _____

*Please attach the Applicant's Proposed Findings of Facts to this page

Signatures and Notary Seal

I (We) certify that all of the above statements and statements on any documents or drawings submitted herewith are true to the best of my (our) knowledge and belief.

Name of Applicant

Signature of Applicant and Date

SIGNATURE BY THE APPLICANT INDICATES THAT HE/SHE HAS READ AND UNDERSTANDS THE REQUIREMENTS OF THE ZONE CHANGE PROCESS AND THE PLANNING COMMISSION/CITY COUNCIL HEARING PROCESS.

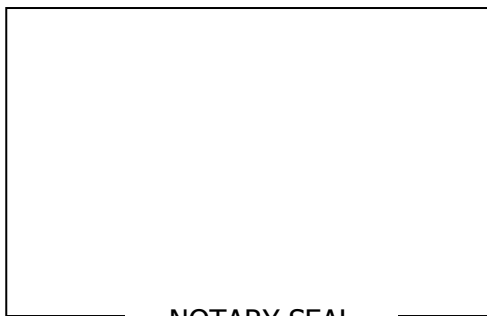
NOTARY

STATE OF _____)

COUNTY OF _____)

I, the undersigned, a Notary Public, in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT _____ is/are personally known to me, that said person(s) appeared before me this day in person and severally acknowledged that he/she/they signed and delivered the forgoing owners authorization above as his/her/their free and voluntary act for the uses and purposes herein set forth.

Given under my hand and Notary Seal, this _____ day, of 20_____ .



NOTARY SEAL

Signature of Notary Public