

CITY OF CLARKSTON
APPLICATION FOR ZONING TEXT AMENDMENT

Applicant Name: Home Phone:
Address: Work Phone:

Section of Zoning Code Requested to be Changed:
Proposed Revision:(attach additional sheets if needed)

The City may amend this ordinance when it finds that any of the following applies:

- 1. Such amendment is consistent with the Comprehensive Plan and is not detrimental to the public welfare;
2. Change in economic, technological or environmental conditions has occurred to warrant modification of this ordinance;
3. It is found that an amendment is necessary to correct an error in this ordinance;
4. It is found that an amendment is necessary to clarify meaning or intent of this ordinance;
5. It is found that an amendment is necessary to provide for a use that was not previously addressed this ordinance; or
6. Those amendments as deemed necessary by the City Council to provide for the health, safety and general welfare.

State how the change addresses the above criteria:

The Applicant will be notified in writing within 28 days of receipt of the application whether the application is deemed to be complete. The date of the public hearing will be established upon the acceptance of a complete application.

The Applicant does hereby certify that all of the above statements and information in any attachments transmitted herewith are true under penalty of perjury by the Laws of the State of Washington.

Signature: Date:

FOR OFFICE USE ONLY

Case No: Date Rec'd: Rec'd By:
Planning Commission Hearing Date : Action Taken:
City Council Action:
Date: