

City of Everson
Application for Change of Zoning Boundary or Classification

The following information or material is required with all zone-change permit applications. If any of this information is missing or incomplete, processing of the application will not begin.

_____ Filing fee as established in Section 3.20.010 EMC.

_____ Complete application form

_____ A completed SEPA checklist.

_____ A map showing the proposed changes(s) in the zone boundaries and/or classifications, in relation to existing tax parcel boundaries as recorded at the office of the Whatcom County Assessor. If the map is larger than 11" X 17", submit 3 copies.

_____ Self-adhesive address labels preaddressed to the latest recorded real property owners within three hundred feet (300') of the property affected by the application, as shown by the records of the Whatcom County Assessor.

Applicant(s) name(s): _____

Single entity and address to which the City will mail all notices and determinations:

Phone: _____ Fax: _____

Address of affected property: _____

Legal descriptions of affected property (attach separate page if necessary): _____

Current use of property: _____

FOR OFFICE USE ONLY BELOW THIS LINE

Date of notice of completion to applicant (mailed): _____

Date of notice of application to public (mailed, published): _____

Date of close of comment period: _____ Date of SEPA threshold determination:

Date of Hearing: _____ Date of adoption of decision:

Date of notice of decision to public (mailed, published): _____