



Lincoln County Land Services "Rezone Application"

Fee Paid _____
Date Received _____
Receipt No. _____

27234 SR 25N Davenport, WA 99122

509.725.7911

Fax 509.725.4467

www.co.lincoln.wa.us

1. GENERAL INFORMATION:

- A. Fee: \$750.00 plus advertising.
- B. Please contact the Public Health Department (509) 725.2501 for their fees and requirements.
- C. State Environmental Policy Act (SEPA) Chapter 43.21C and WAC 197-11 compliance is required. Please submit a completed SEPA checklist.
- D. Please furnish documentation from the Lincoln County Assessor's Office listing all property owners of record (name and address) within 300 feet of exterior property boundaries of the proposal.

Applicant/Property Owner _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone(s) _____ E-mail _____
 Physical Address of Proposal _____
 Representative _____ Phone _____ E-mail _____

2. LEGAL DESCRIPTION:

Parcel No(s) _____
 Section(s) _____ Township _____ Range _____

3. PROPERTY USE:

_____ Residential _____ Commercial _____ Agricultural _____ Other (Please Specify) _____
 What is the property currently zoned? _____
 Is the property taxed as open space, timber or agricultural? _____
 If so, please check with the County treasurer (509.725.5061) for more information.

4. DESCRIPTION OF THE PROPOSAL AND NEED FOR REZONE:

5. WATER SUPPLY:

_____ Community Water System
 _____ Drilled Well
 _____ Water Right Secured

6. ROAD ACCESS:

County Road _____ Does an approach exist? _____
If so, when was it installed? _____
State Highway _____ Does an approach exist? _____
If so, when was it installed? _____
Private drive, lane, etc. _____

7. CRITICAL AREAS:

Are there any critical areas on the site (shorelines, creeks, lakes, wetlands and/or slopes over 40%)? _____

The above information is correct to the best of my knowledge.

Owner Signature(s) _____ Date _____

Land Owner Representative: _____

Note: Please draw below or attach a map to the site.

