



ISLAND COUNTY PLANNING & COMMUNITY DEVELOPMENT

PHONE: (360) 679-7339 ■ from Camano (360) 629-4522 ■ from S. Whidbey (360) 321-5111 ■ FAX: (360) 679-7306 ■ P. O. Box 5000, Coupeville, WA 98239-5000
121 N East Camano Drive, Camano Island, WA 98282 ■ Phone (360) 387-3443
www.islandcounty.net/planning

Zoning Amendment APPLICATION

Purpose of a Zoning Amendment (ZAA): As described in ICC 17.03.220 Zoning Amendments, a ZAA provides for a limited number of zoning re-classifications. ZAA applications can only be accepted if it meets one of the following pursuant to Section 17.03.220.D:

1. Reclassification from RF to R shall be granted if requested by the Owner when the Owner cannot make reasonable economic use of the Parcel for commercial forestry, considering all relevant factors. Provided, that the determination of whether the Owner can make reasonable economic use of the Parcel for commercial forestry shall not involve consideration of the personal circumstances of any particular Owner. Provided further, that reclassification from RF to R shall not be granted when the inability to make reasonable economic use of the Parcel for commercial forestry is due to the action or inaction of the Owner. These rezones shall be processed as a Type III decision pursuant to Chapter 16.19 ICC.
2. Reclassification from R to RA or RF shall be granted if requested by the Owner and the Parcel is ten (10) acres or larger in size upon finding that the uses allowed in the proposed classification will be Compatible with surrounding Permitted Uses. These rezones shall be processed as a Type I decision pursuant to Chapter 16.19 ICC.
3. Reclassification from R, RA or RF to CA shall be granted if requested by the Owner and the Parcel is five (5) acres or larger in size, and the Parcel classified in the open agriculture tax program or the Owner demonstrates the Parcel is eligible to be included in the open agriculture tax program, processed as a Type I decision pursuant to Chapter 16.19 ICC. Rezones of parcels five (5) acres or larger in size, but less than ten (10) acres shall be processed as a Type II decision and rezones of parcels ten (10) acres or larger in size shall be processed as a Type I decision pursuant to Chapter 16.19 ICC.
4. Reclassification from CA to RA for lands not included in a Farm Management Plan and RA to R shall be granted if requested by the Owner upon finding that the Owner cannot make Reasonable Agricultural Use of the property if classified CA or RA, considering the factors contained in WAC 365-190-050 and where the inability to make Commercial Farm Use of the property is not due to action or inaction of the Owner. Factual information provided by the Owner shall be given substantial weight. These reclassifications will be processed as a Type III decision pursuant to Chapter 16.19 ICC.
5. Reclassification to any other Zone shall only occur once per year on an annual basis and shall be processed as a Type IV decision, pursuant to Chapter 16.19.

Please use the checklists below and throughout this form to ensure you provide all the information required for Island County to review your proposal. The items listed in the following Counter Checklist are the minimum requirements that must be provided and complete at the time you submit your application to the county, or the application will not be accepted. The application must be **submitted in person** to the Planning Department.

Applicant	Application Requirement	Planning
_____	Completed Application Form (Parts A and B);	_____
_____	Signatures of all owners and/or an Affidavit of Owner’s Consent;	_____
_____	Answers to the questions in Part A are completed;	_____
_____	Answers to the questions in Part B are completed;	_____
_____	SEPA Checklist	_____
_____	Current <i>and</i> Proposed Zoning Maps	_____

SUBMITTAL OF AN APPLICATION BY APPOINTMENT ONLY:

Whidbey To schedule a submittal appointment, call 360-678-7800.

Camano To schedule a submittal appointment, call 360-387-3443 ext. 251.

- Anticipate the submittal process will take approximately 30 to 60 minutes.
- Payment must be cash or check; credit cards are not accepted at this time.

I, _____, hereby certify that I am the authorized applicant and that I have familiarized myself with the rules, regulations, and procedures with respect to preparing and filing this application and that all statements, answers and information provided as part of this submittal are in all respects complete, true and accurate to the best of my knowledge and belief.

I hereby request that the property described in Part A be re-classified from _____ to the _____ classification.

_____	_____	_____
Name (Please Print)	Signature (Owner or Authorized Agent)	Date
State of Washington)		
County of) ss		
_____)		

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that _____ signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

(Signature)

(Title)

My Appointment expires: _____

S E A L

**** IF THE SIGNATURE IS OTHER THAN THE PROPERTY OWNER, THEN A NOTARIZED LETTER OF CONSENT MUST ACCOMPANY THIS APPLICATION.**

APPLICANT AUTHORIZATION FORM

If you are authorizing an agent to apply for permits on your behalf, you must either sign each of the applications that you submit or complete this form, which will provide authorization for a designated agent to apply for permit(s) on your behalf. This form is required for the protection of the property owner. Planning and Community Development will not accept an application that is not either signed by all property owners or accompanied by this form. **All original signatures shall be in blue ink.**

I/we, _____, the owner(s) of the subject property, understand that by completing this form I/we hereby authorize _____ to act as my/our agent. I/We understand that said agent will be authorized to submit applications on my/our behalf. I/We also understand that once an application has been submitted that all future correspondence will be directed to said agent.

ALL PROPERTY OWNERS OF RECORD MUST SIGN THIS FORM

<p>1) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p> <p>2) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p> <p>_____</p> <p align="center">Date</p>	<p>State of Washington) County of _____)</p> <p align="center">I certify that I know or have satisfactory evidence that</p> <hr/> <p>be (his/her) free and voluntary act for the uses and purp</p> <p align="right">Dated _____</p> <p align="right">Signature of _____</p> <p align="right">Notary Public _____</p> <p align="right">Printed Name _____</p> <p align="right">Residing at _____</p> <p align="right">My appointment expires _____</p>
<p>1) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p> <p>2) _____ Property Owner Name(s) (print)</p> <p>_____</p> <p align="center">Signature(s)</p> <p>_____</p> <p align="center">Date</p>	<p>State of Washington) County of _____)</p> <p align="center">I certify that I know or have satisfactory evidence that</p> <hr/> <p>be (his/her) free and voluntary act for the uses and purp</p> <p align="right">Dated _____</p> <p align="right">Signature of _____</p> <p align="right">Notary Public _____</p> <p align="right">Printed Name _____</p> <p align="right">Residing at _____</p> <p align="right">My appointment expires _____</p>



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Zoning Amendments Form (ZAA)

GREYED SECTION FOR COUNTY USE ONLY			
Application Number	Date Received	Fee Paid	Receipt
_____	_____	_____	_____

Application information must be TYPED or NEATLY PRINTED AND SIGNED IN BLUE INK. In order to speed our review of your application please provide all information requested. If any portion is not applicable, enter N/A in the blank. Submit the **original and 1 copy** of this application and all necessary documentation and plans as outlined on the Application Checklist to the Island County Planning Department. Illegible and/or incomplete applications will not be accepted. An application will not be considered technically complete until a Notice of Application is provided.

PART A

APPLICANT _____ **Signature** _____

Address _____ **Phone** _____

CONTACT PERSON* _____ **Signature** _____

Address _____ **Phone** _____

OWNER _____ **Signature** _____

Address _____ **Phone** _____

PROJECT ADDRESS (or closest intersection) _____

Assessor Parcel Number _____ **Plat Name** _____

Section _____ **Township** _____ **Range** _____ **1/4 Section** _____

Location: North Whidbey Central Whidbey South Whidbey Camano Island

Comprehensive Plan Land Use Designation _____ **Zoning** _____

Size of Parcel (Square Feet or Acres) _____ **Existing Use** _____

Other County, State or Federal Applications or Permits Obtained or Pending:

* The authorized Contact Person will be the only party that will receive correspondence, reports, notices and inquiries.

PART B

Zoning Amendments Application (ZAA)

Modification of Standards: Pursuant to ICC 17.03.220 Zoning Amendments, the Planning Director may administratively review requests for a limited number of zoning changes.. Zoning Amendment shall be processed as a Type I, Type II, Type III or Type IV administrative decision pursuant to ICC Chapter 16.19. Type I decisions are only for requests to change to RA or RF or to CA if the parcel is at least 10 acres in size. Requests to change from R, RA or RF to CA shall be processed as Type II decisions if the parcel is between 5 and 10 acres. Any request to change from RF to R, CA to RA, or RA to R shall be processed as Type III decisions and correction of an error is handled as a Type IV decision.

Supplemental Application Requirements: In addition to the information required in Part A the following must also be submitted with the ZAA Application:

1. Questions.

a) Please provide a description of the request and reasons for the re-classification: _____

b) Please initial the applicable box and provide the applicable information. *If you are requesting a re-classification that is not specifically provided below please contact the Planning Department because you may not be using the correct application.*

My property is currently zoned RF and I cannot make Reasonable Economic use of the property for commercial forestry. Therefore, I request that the property be reclassified as R.

- On a separate piece of paper please explain in detail why you cannot make reasonable use of the property if classified RF, where the inability to make Commercial Forestry use of the property is not due to action or inaction of the Owner.

My parcel is ten (10) acres or larger in size and I wish to reclassify it from R to RA.

- On a separate piece of paper please explain in detail how the uses allowed in the RA or RF classification are compatible with surrounding permitted uses.

My parcel is twenty (20) acres or larger in size and I wish to reclassify it from R to RF.

- On a separate piece of paper please explain in detail how the uses allowed in the RA or RF classification are compatible with surrounding permitted uses.

My property is five (5) acres or larger in size, zoned R, RA, or RF and I wish to reclassify it to CA.

- Please provide documentation showing that the property is classified in the Open Agricultural Tax Program or that the Parcel is eligible to be included in the Open Agricultural Tax Program.

My property is currently zoned CA and I cannot make Reasonable use of the property. Therefore, I

request that the property be reclassified from CA to RA or R.

- On a separate piece of paper please explain in detail why you cannot make reasonable use of the property if classified CA, where the inability to make Commercial Farm Use of the property is not due to action or inaction of the Owner. Include in your explanation a discussion of the factors in WAC 365-190-050 and any factual information you may have.

My property was not assigned the correct classification and I am requesting the error be corrected.

- On a separate piece of paper please explain in detail why you believe your property was given the incorrect designation. Please refer to the Designation policies listed in Section IV Goals and Policies in the Island County Comprehensive Plan adopted on September 18, 1998 and the applicable Zoning standards located in Section 17.03 ICC.

⇒ If zoning request is other than those listed above, it shall be processed under the Comprehensive Plan/Development Regulation Amendment process. This form is not applicable for such requests.

c) Legal description of the Parcel or property (note if attached): _____

d) Submit a copy of the applicable Zoning Atlas Map outlining the parcel and listing the requested zoning. The map needs to be dated and signed by the property owners in the margin.

e) Names, addresses and telephone numbers of associated professional consultants such as architects or engineers not identified on cover sheet:

