

5117 North Winnifred Street Ruston, WA 98407 Phone (253) 759-3544

## Rezone/Zoning Map Amendment Application and Submittal Checklist

		• •					
Project Location (address and parcel number)  Applicant Name  Applicant Mailing Address			Permit Number (staff use only)	Permit Number (staff use only)  Project Name (staff use only)  Applicant Phone			
			Project Name (staff use only)				
			Applicant Phone				
			Applicant E-mail Address				
			mined this application and have completed it with informati r Town employees to enter the site to perform any necessa			true and	
		Applicant Signature	Date				
<b>Applicant</b> Yes	Checklist fo	r Rezone/Zoning Map Ame	endment Requests - (Please see RMC 25.01.130	0 for additio		cluded? Need N/A	
	Review Fe 499)	e Deposit (\$7,900 total with	n 50% due at application submittal (\$3,950), as per	· Resolution			
	<b>Statement of Justification.</b> Please provide a written statement of justification which addresses the criteria for approval, (consistency with Ruston's Comprehensive Plan, consideration of public health safety and welfare, and any demonstration of changes in conditions warranting the rezone).						
	<b>Site Plan.</b> A proposed site plan showing the location of the affected lot, building(s), sign(s), and utilities, including all entrances, exits, setbacks, building height, off-street parking, streets and sidewalks, storage yards and screening.						
	<b>Vicinity Map.</b> Please provide a map showing the surrounding lots with their current zoning as surrounding streets.						
			ion along with all required materials to the Towrrk at 5117 North Winnifred, Ruston, WA 98407.	n Planner at		f use only	