



BENTON COUNTY PLANNING DEPARTMENT

INFORMATION HANDOUT FOR ZONE CHANGE APPLICANTS

This packet is designed to assist you in preparing your application for a Zone Change. Applications may be submitted to the Benton County Planning Department, 1002 Dudley Avenue, Prosser WA 99350 between 8 a.m. and Noon and 1 p.m. and 5 p.m. or to the Benton County Building Department, 5600 W. Canal Place, Kennewick WA 99336 between 9 a.m. and Noon and 1 p.m. and 5 p.m. Monday thru Friday. Please contact the Planning Department to determine if your proposed zone change would be in compliance with the Benton County Comprehensive Plan.

Please provide the following information at the time of submittal. If any of this information is not provided we may not be able to process your application.

1. **A completed Zone Change application and applicable non-refundable fees.**
2. **A vicinity map** of the proposed zone change that accurately shows the property boundaries, existing streets, roads and their names.
3. **The applicant shall submit a petition** bearing the signatures of the owners of three (3) of the five (5) parcels of property held under separate ownership and nearest to the proposed zone change; AND, in addition, shall bear the signatures of not less than 51% of the owners of all property lying within a distance of 200 feet (streets and alleys included) of the proposed zone change.
4. **A completed environmental checklist** signed and dated by the applicant or designated agent along with the \$100.00 application fee.

NOTE: APPLICATION FEES ARE NON REFUNDABLE. THERE ARE NO GUARANTEES THAT YOUR ZONE CHANGE WILL BE APPROVED.

Upon acceptance of your complete application, a file will be setup and a Notice of Application will be published and sent to surrounding property owners within 300 feet of the proposal. An open record hearing date will be set before the Benton County Planning Commission and the applicant notified of the date, time and place of the hearing. Testimony both for and against the proposal will be taken and the applicant will be able to provide rebuttal to all testimony presented. The Planning Commission will then make a recommendation to the Board of County Commissioners. The Board of County Commissioners may approve or deny the zone change request.

APPEAL

If the Planning Commission recommends that the request be approved or denied, the applicant or any party with standing may appeal the decision to the Board of County Commissioners by filing with the secretary of the planning commission within fourteen (14) days from such recommendation, a written notice of appeal.

Questions regarding this process should be directed to the Benton County Planning Department, 786-5612 - Prosser or 736-3086 - Tri-Cities. Our office hours are 8 a.m. to Noon and 1p.m. to 5 p.m. Monday through Friday, except holidays.

BENTON COUNTY PLANNING DEPARTMENT
PETITION FOR ZONE RECLASSIFICATION



For Official Use Only

FILE NO: _____

T h e p e t i t i o n e r (s) _____ who is/are the owner(s)_____/contract purchaser(s)____ do hereby petition the Benton County Planning Commission to have the real property described as (parcel Number/legal description)

also known as _____ to be changed from the zoning classification of _____ to the zoning classification of _____.

I hereby state that I/we am/are the applicant(s) of this petition and that the owner of the property hereby approves this application. I/we also certify that the information given in this application is true and complete to the best of my/our knowledge.

Owner's Signature

Printed Name

Address

Applicant's Signature

Printed Name

Address

1. Comprehensive Plan designation _____.
2. The change in classification for the above-described property is requested for the purpose of conducting the following described use(s) which is/are known to be consistent with the classification requested: _____

3. The property will be served by:

WATER: Well ___ Private System ___ City System ___
 SEWER: Septic Tank ___ City Sewer ___ Private System ___
 POWER: PUD ___ REA ___
 PHONE: Yes ___ No ___ Name of Utility _____
 GAS: Yes ___ No ___ Name of Utility _____
 CABLE: Yes ___ No ___ Name of Utility _____
 IRRIG.: Yes ___ No ___ Name of Utility _____
 PRIVATE IRR. Yes ___ No ___

4. Time schedule for re-development: _____

5. Facts to justify the change on the basis of advancing the public health, safety and general welfare: _____

6. Effect the proposed change will have on adjacent property and on the comprehensive plan: _____

7. Effect on the property owner(s) if the request is not granted: _____

FEE: \$400.00 submitted with the application. Checks are to be made payable to the Benton County Treasurer. THERE ARE NO GUARANTEES THAT YOUR APPLICATION WILL BE APPROVED. THIS FEE IS NON-REFUNDABLE.

