



CITY OF BENTON CITY  
P.O. BOX 70 • 708 9TH STREET  
BENTON CITY, WA 99320  
(509) 588-3322  
FAX 588-3323

**APPLICATION FOR ZONING/REZONING CLASSIFICATION**

**DATE:** \_\_\_\_\_  
**RECEIPT #** \_\_\_\_\_

I hereby make application for zoning classification:

1. **NAME OF APPLICANT:** \_\_\_\_\_
2. **MAILING ADDRESS:** \_\_\_\_\_
3. **TELEPHONE NUMBER:** \_\_\_\_\_
4. **APPLICANT'S RELATIONSHIP TO PROPERTY INVOLVED:** \_\_\_\_\_ **OWNER**  
\_\_\_\_\_ **CONTRACT PURCHASER** \_\_\_\_\_ **LESSEE** \_\_\_\_\_ **OTHER** \_\_\_\_\_  
(please specify) \_\_\_\_\_
5. **PROPERTY OWNERS NAME, ADDRESS, TELEPHONE # (per County tax roll):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Location of Property:** \_\_\_\_\_
7. **Legal Description:** \_\_\_\_\_  
\_\_\_\_\_
8. **Present Use and Zoning:** \_\_\_\_\_
9. **Proposed Use and Zoning:** \_\_\_\_\_  
\_\_\_\_\_
10. **What error in the existing Ordinance would be corrected by the proposed amendment?** \_\_\_\_\_  
\_\_\_\_\_
11. **What changed or changing conditions make the passage of this amendment necessary?** \_\_\_\_\_

12. Are there other circumstances which justify this amendment? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
13. Time scheduled for development? \_\_\_\_\_
14. List all property owners within 300 feet of the boundaries of the property in question as described in item #7: (use second sheet of paper if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Exhibits submitted, number and kind (vicinity map, petition of property owners neighbors, copy of option to purchase, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, do hereby certify that the information contained herein is true and correct. I do further understand that any deliberate attempt to mislead or deceive the Planning Agency of the City of Benton City shall cause the denial of this application and forfeit of any fees paid at the time of filing with the City Clerk.

APPLICANT'S SIGNATURE:(please print after signing) \_\_\_\_\_  
 \_\_\_\_\_

OWNERS SIGNATURE:(or his agent) (please print after signing): \_\_\_\_\_  
 \_\_\_\_\_

City Clerk's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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**OFFICE USE ONLY**  
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APPROVED \_\_\_\_\_ DENIAL \_\_\_\_\_ TABLED \_\_\_\_\_ DATE: \_\_\_\_\_

Planning Agency Chairman: \_\_\_\_\_

Planning Agency Secretary: \_\_\_\_\_

**AFFECTED PROPERTY OWNERS MAY REQUEST A CHANGE IN VALUATION FOR PROPERTY TAX PURPOSES NOT WITHSTANDING ANY PROGRAM OF REVALUATION**