

**City of Cashmere**  
101 WOODRING STREET  
CASHMERE, WA 98815  
(509) 782-3513

APP. DATE	_____
RECPT. NO.	_____
AMT. PAID	_____
REC'D BY	_____

**REZONE APPLICATION AND CHECKLIST**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

PROPERTY DESCRIPTION/LOCATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TAX PARCEL NO. \_\_\_\_\_

**Application for a rezone may be filed only if the proposal is consistent with the Cashmere Comprehensive Plan. The following items must accompany the application.**

- Vicinity map showing zoning designations on properties within 300 feet of subject parcel.
- The names, addresses and telephone numbers of all property owners wishing their property to be rezoned.
- A detailed description of the proposed use requiring the rezone and how the use meets the required rezone criteria.
- A statement explaining how the subject property is suitable for the proposed rezone and why the rezone would not be detrimental to surrounding land uses.
- Other information and material as requested by the City Administrator.

\_\_\_\_\_  
Applicant Signature