CITY OF MORTON
192 Adams Ave. P.O. Box 1089
Morton, WA 98356
360-496-6881 cclerk@visitmorton.com

RE-ZONE $500.00

MUST BE FILLED OUT COMPLETELY – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

APPLICANT INFORMATION (if different than property owner) Authorized Agent

Name(s): _____

Mailing Address: _____ City/St/Zip: _____

Phone #: _____ Email: _____

PROPERTY OWNER INFORMATION (same as applicant) ☐Yes ☐No

Name(s): _____

Mailing Address: _____ City/St/Zip: _____

Phone #: _____ Email: _____

PROPERTY INFORMATION

Property Address: _____ Tax Parcel No: _____

Full Legal Property Description: _____

_____

Zone: _____

Property Dimensions: Width: _____ Depth: _____ Sq. Ft. _____

REQUEST

A. Applicant requests a re-zone on the above-described property from a _____

zone to a _____ zone in order to _____

B. Applicant requests a (Conditional Use, Temporary Permit) on the property herein described as

follows: _____

_____

_____

C. General intentions of applicant: _____

_____

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PLOT MAP REQUIREMENTS:

Property boundaries that show the existing and proposed land use designation and zoning.

All natural and built features (such as roads, streams, buildings, slopes, fences, etc.) as well as adjacent properties and their uses.

How site provisions of ordinance will be met.

ADJACENT PROPERTY INFORMATION: Applicants must provide all adjacent property owners (names and address, parcel #, legal description) within 300 feet of the exterior boundary of the property for which zone change is being requested. Information can be obtained through the Lewis County PATS System.

PROPERTY OWNER NAME	ADDRES	PARCEL NO.	LEGAL DESCRIPTION

FOR OFFICIAL USE ONLY

Date Received:	
Received By:	
Total Fees Due:	
Date Paid:	
Receipt #:	
Date Paid:	