

**Whatcom County**  
**Planning & Development Services**  
5280 Northwest Drive,  
Bellingham, WA 98226-9013  
360-778-5900  
Email: [PDS@whatcomcounty.us](mailto:PDS@whatcomcounty.us)



**Mark Personius**  
**Director**

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**Application for Suggested Zoning Amendment**

Do not write in this section of the application-for official use only.

Date Received: \_\_\_\_\_ File : \_\_\_\_\_

Date Complete: \_\_\_\_\_ Initials of reviewer: \_\_\_\_\_

**A. General Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Business Phone # \_\_\_\_\_

Please complete the questions below. Attach additional pages as needed.

Please give a complete but short description of the suggested amendment:

## **B. Purpose/Applicability**

1. What is the purpose of the suggested amendment?
  
  
  
  
  
  
  
  
  
  
2. Describe any "changed" conditions(s) which support the suggested amendment:
  
  
  
  
  
  
  
  
  
  
3. If the suggested amendment is the result of a state or federal mandated or requirement please give a short description of the requirement or mandate and include the citation or number of the RCW, WAC, Bill, etc.
  
  
  
  
  
  
  
  
  
  
4. Are there any other circumstances that justify the proposed change?

**C. Relationship to Public Health, Safety and Welfare**

1. What general benefit will the public receive as a result of the suggested amendment?

2. Is the suggested amendment the result of a situation that poses an imminent threat to public health, safety or welfare?

**D. Authorization**

Signature of Applicant(s) or Agent:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_