

**WHATCOM COUNTY  
PLANNING AND DEVELOPMENT SERVICES**

**SUGGESTED ZONING AMENDMENT APPLICATION FORM**

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

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

File #: \_\_\_\_\_

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**A. GENERAL INFORMATION**

1. NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

2. AGENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

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



**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?

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If you have any questions regarding the zoning amendment process please feel free to contact the Whatcom County Planning and Development Services Department at (360) 676-6907.

**D. Authorization**

Signature of Applicant(s) or Agent(s)

I (we) certify that the information supplied in this application is true, accurate, and correct to the best of my (our) knowledge:

_____	Date: _____
_____	Date: _____
_____	Date: _____