

**WHATCOM COUNTY
PLANNING AND DEVELOPMENT SERVICES**

SUGGESTED ZONING AMENDMENT APPLICATION FORM

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

Date Received: _____

File #: _____

A. GENERAL INFORMATION

1. NAME: _____

SIGNATURE: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

2. AGENT'S NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

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?

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: _____