



**CITY OF COVINGTON**  
**Community Development Department**  
 16720 SE 271st Street • Suite 100 • Covington, WA 98042  
 Phone: (253) 480-2400 • Fax: (253) 480-2401  
 www.covingtonwa.gov

## APPLICATION FOR DEVELOPMENT REGULATION AND/OR ZONING MAP AMENDMENT

<b>STAFF USE ONLY</b>	<b>Docket Number:</b> _____ <b>Application Date:</b> _____ <input type="checkbox"/> City-initiated <input type="checkbox"/> Privately-initiated
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<b>APPLICANT</b> <span style="float: right;"><input type="checkbox"/> Primary Contact Person</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____
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<b>AGENT</b> <span style="float: right;"><input type="checkbox"/> Primary Contact Person</span> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____
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<b>PROPERTY OWNER</b> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____
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<b>PROPERTY OWNER 2</b> Name: _____ Address: _____ City/State/Zip: _____ Phone: _____ Fax: _____ E-mail Address: _____ Signature: _____
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<b>TYPE OF AMENDMENT</b> <input type="checkbox"/> This is a proposal to amend development regulation text or tables contained in the Covington Municipal Code. <b>Complete development regulation information below.</b> <input type="checkbox"/> This is a proposal to amend the City's zoning map. <b>Complete zoning amendment information below.</b>
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<b>DEVELOPMENT REGULATION AMENDMENT</b>
Chapter and section of Covington Municipal Code to be amended: _____  1. Is the proposed amendment a minor correction (i.e. one that does not result in any substantive change to the content or meaning of a development regulation, such as a correction to punctuation or numbering or a typographical or technical error)? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, amendment proposal is exempt from the notice and hearing requirements of Chapter 14.27 CMC and the Director may make a recommendation directly to the City Council.</i>  2. What are the reasons for requesting this change?  _____ _____ _____ _____

## DEVELOPMENT REGULATION AMENDMENT (CONT'D.)

3. Provide either conceptual or specific amendatory language. Please be as specific as possible to aid in the evaluation of your proposal.

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## ZONING MAP AMENDMENT

PROPOSED CHANGE TO ZONE DESIGNATION: FROM \_\_\_\_\_ (CURRENT) TO \_\_\_\_\_ (PROPOSED)

SURROUNDING ZONE DESIGNATIONS: EAST: \_\_\_\_\_ WEST: \_\_\_\_\_ NORTH: \_\_\_\_\_ SOUTH: \_\_\_\_\_

COMPREHENSIVE PLAN FUTURE LAND USE MAP DESIGNATION: \_\_\_\_\_

CURRENT LAND USE: \_\_\_\_\_

*If this is a site-specific zoning map amendment, complete the following property information. Give street address or, if vacant, indicate lot(s), block, and subdivision OR tax lot number, access street and nearest intersection. If proposal applies to several parcels, list the streets bounding the area.*

ADDRESS(ES): \_\_\_\_\_

ASSESSOR'S PARCEL NUMBER(S): \_\_\_\_\_

SITE AREA: \_\_\_\_\_ sq. ft. / acres (circle one)

LEGAL DESCRIPTION(S): \_\_\_\_\_

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## DESCRIBE HOW PROPOSAL MEETS DECISION CRITERIA

1. Proposed amendments that are the same or substantially-similar to an amendment proposed during the last three years are not eligible for consideration, except in certain cases due to geographic expansion by the City (see CMC 14.27.030(3)). Has the same or a substantially-similar amendment been proposed during the last three years?     No     Yes

If yes, how has geographic expansion necessitated the proposed amendment?

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**DESCRIBE HOW PROPOSAL MEETS DECISION CRITERIA**

2. Explain how the proposed amendment is consistent with the goals, objectives, and policies of the comprehensive plan.

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3. Explain how the proposed amendment is consistent with the scope and purpose of the City’s zoning ordinances and the description and purpose of the zone classification applied for.

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4. Explain how circumstances have changed substantially since the establishment of the current development regulation, zoning map or district to warrant the proposed amendment.

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5. Explain how the proposed zoning is consistent and compatible with the uses and zoning of surrounding property.

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6. Explain how the property that is the subject of the amendment is suited for the uses allowed in the proposed zoning classification.

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7. Explain how adequate public services could be made available to serve the full range of proposed uses in that zone.

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**COSTS & BENEFITS / ADDITIONAL INFORMATION**

1. Describe the effects of the proposed amendment in terms of costs and benefits to the public, both monetary and non-monetary.

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2. Describe and/or attach any studies, research information, or further documentation that will support this proposal.

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**CERTIFICATION / SIGNATURE**

I have reviewed the Development Regulation/Zoning Map Amendment Instruction Guide, and certify that the information provided on this application is true and correct.

\_\_\_\_\_ Applicant's/Agent's Signature

\_\_\_\_\_ Date

*Please note: If this is a site-specific amendment proposal, all affected property owners must complete, sign, and have notarized a Property Owner Declaration.*