



Request for Language Amendment
(Board of County Commissioner Ordinances Only)
Pacific County Department of Community Development
Internet Address: www.co.pacific.wa.us

OFFICE USE ONLY

Fees:

APPLICANT INFORMATION

Applicant Name:

Mailing Address:

City/State/Zip:

Phone:

Phone:

Email:

This application is designed to assist you in preparing a request to the Planning Commission for consideration of an ordinance/regulation language amendment. Please provide all of the requested information and answer the questions as thoroughly as possible. Attach any supporting information you feel necessary to support your application. Completed applications must be submitted on or by the last business day in March for consideration that calendar year. A preliminary review will be scheduled with the Planning Commission on or before the scheduled meeting for the month of May. If the Board decides to entertain this request, payment for the application must be received by the last business day in May. Application fees are non-refundable and there is no guarantee that your request for amendment will be approved.

Proposed change to Ordinance/Resolution No.: _____ **Section(s) (if applicable):** _____

Describe the proposed language amendment and why it is necessary:

Define why the existing language is no longer suitable:

Describe how the proposed amendment conforms to and supports the principles found within the current ordinance/resolution:

SOUTH BEND OFFICE

P.O. Box 68

South Bend, WA 98586

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LONG BEACH OFFICE

7013 Sandridge Road

Long Beach, WA 98631

(360) 642-9382 FAX (360) 642-9387

10/06/2016

How large of impact would there be by this amendment (please attach a list of parcels or map (if applicable)?

Explain how the proposed amendment would serve the interests of the public as a whole, including health, safety, and welfare:

Describe the positive and negative impacts the change could have on the public as a whole:

Indicate any other ordinances/regulations that would be impacted or need to be altered in response to this language amendment.

This application must accompany a draft of the proposed text change(s) to the existing ordinance/resolution.

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Check to indicate you have completed this requirement.

Authorized Signature:

Print Name:

Date: