

# ZONE RECLASSIFICATION APPLICATION

## ABOUT ZONE RECLASSIFICATIONS

A zone reclassification, sometimes referred to as a rezone, changes the zoning of a parcel to allow a new or different use.

A zone reclassification request must reflect the zoning designation for that same parcel in the Comprehensive Plan’s Future Land Use Map.

Comprehensive Plan amendment procedures to change the zoning designation on the Future Land Use Map can be found in [Chapter 24A.10](#) of the Sammamish Municipal Code.

## APPLICATION REQUIREMENTS AND APPROVAL

The land use decision type impacts the fees charged and how the decision about your application is made.

A Zone Reclassification is a Type 3 land use decision. As a Type 3 land use decision, the Director of Community Development will issue a recommendation on the application. After this, the application is subject to a hearing and decision by the Hearing Examiner.

## FEES

Applicants are responsible for providing an initial deposit (as well as additional deposits as needed) to cover the costs incurred by the City due to the application review. The City’s Master Fee Schedule sets the fees for all applications and is updated annually by resolution.

FEES APPLICABLE TO THIS PROJECT
Preapplication Conference
Counter Intake Fee, Type 3
Site-Specific Zone Classification Application Fee
Environmental Checklist Review
Legal Notice – Publication & Mailing, Type 3
Legal Notice – Posting, Actual Cost
Consultant Services, Actual Cost
Legal Review, Actual Cost
<a href="#">See current fee schedule</a>

## Submittal Instructions

Please [schedule an intake appointment](#). Upload a pdf of each document onto a USB drive, including a signed version of this form, and bring it to your appointment.

## Code Reference

Zone Reclassification  
[SMC 21A.110.060](#)

## Questions?

[Visit the Permit Center](#)

City of Sammamish  
801 228th Ave SE  
Sammamish, WA 98075  
[www.sammamish.us](http://www.sammamish.us)

# ZONE RECLASSIFICATION APPLICATION

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
 (if different)

Address: \_\_\_\_\_ Company: \_\_\_\_\_  
 (if applicable)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ordinance Number: \_\_\_\_\_

## PROPERTY INFORMATION

Property Address: \_\_\_\_\_ Development Name: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Total Square Feet: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Critical Areas on or Near Property:  Yes  No

If yes, describe: \_\_\_\_\_

Do you control the property where the work is being proposed (lease, easement, or fee-ownership)?  
 Yes  No

Does this parcel abut the King County Trail Corridor?  
 Yes  No

Does the proposal require the use of or crossing the King County East Lake Sammamish Regional Trail for access to the project site?  
 Yes  No

## SUBMITTAL CHECKLIST

A PDF of each document is required at time of submittal. Please label files as follows:  
*ProjectType\_DocumentType (for example: ZRA\_01ApplicationForm)*

- 01. Signed Application Form
- 02. Acceptance of Financial Responsibility/Affidavit of Applicant Status
- 03. Preapplication Conference Notes

**Submittal Checklist continued next page**

# ZONE RECLASSIFICATION APPLICATION

## SUBMITTAL CHECKLIST CONTINUED

- 04. Project Narrative
  - For applications related to a Site-Specific Land Use Map Amendment, provide a summary of the application process to-date including the Ordinance Number approving the Map Amendment.
  - Describe the geographic setting of the property, including sensitive of site features (wetlands, etc.).
  - Provide an analysis of existing surrounding area zoning and a summary of supportive infrastructure.
- 05. Title Report
  - Must be less than 30 days old.
  - Report must be for the parcel(s) related to this application.
- 06. Legal Description
  - Must be for the parcel(s) and zoning boundary/ boundaries related to this application.
  - Must be a title verified description by a Washington State licensed surveyor.
- 07. Mailing List (Template) and Map
  - Include all property owners within 1,000 feet of the site (2,000 feet for properties within the Erosion Hazard Near Sensitive Water Bodies overlay).
- 08. SEPA Environmental Checklist
- 09. Critical Area Affidavit
- 10. Criterion Compliance Document
  - Detail how the application meets the criteria listed in SMC 20.10.200 and SMC 20.10.210.
- 11. Other Documents (as required)

## CERTIFICATIONS & SIGNATURES

I have read this application in its entirety and certify that all information submitted, including any supplemental information, is true and complete to the best of my knowledge. I acknowledge that willful misrepresentation of information will terminate this permit application. I understand that my submittal will be reviewed for completeness and, if found to be complete, will be processed pursuant to Chapter 20.05 SMC.

Applicant, Representative, and/or Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant, Representative, and/or Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_