



DEVELOPMENT REGULATION AMENDMENT APPLICATION - 2019

DIRECTIONS:

All of the materials listed in the Application Checklist table below must be provided as part of the application submittal process. Additional materials may be required. If you have any questions, please contact Senior Planner Kate Kaehny at (206) 973-4834, or kkaehny@seatacwa.gov.

PRE-APPLICATION MEETINGS:

Staff encourages applicants to schedule a pre-application meeting before submitting an application. To schedule a meeting, please contact Senior Planner Kate Kaehny at (206) 973-4834, or kkaehny@seatacwa.gov.

APPLICATION DUE DATE: 5:00 pm, March 29, 2019

Applications that remain incomplete as of March 29, 2019, will not be processed.

SUBMITTAL CHECKLIST

In addition to the application form on the following pages, the applicant must fill in and submit the Submittal Checklist information below.

Name of Project/Proposal: _____
(Example: "J. Smith Amendment.")

SUBMITTAL REQUIREMENTS		Applicant <small>(Check items submitted with application)</small>	Staff
1	Complete Submittal Checklist (1 copy) - Indicating items submitted with application		
2	Development Regulation Amendment Application Form & Additional Required Materials (1 copy) - Completed application form with signature(s), including any additional sheets/materials necessary to fully respond to questions - Supplemental documentation as required		
3	SEPA Environmental Checklist (1 copy) - Completed SEPA Checklist (Available on Comprehensive Plan Amendment website)		
4	Payment of SEPA Environmental Checklist Submittal Fees <i>(checks should be made payable to: City of SeaTac)</i> ***Reminder, no fee required for Development Regulation Amendment Application submittal, only SEPA Checklist***		



DEVELOPMENT REGULATION AMENDMENT APPLICATION FORM

1. CONTACT INFORMATION

1.1 Applicant:

Name: _____
Mailing Address: _____

_____ City State Zip

Phone: _____ Email: _____

Status: *(Owner, Lessee, Agent, Etc.)* _____

1.2 Designated Contact Person: *(The person who will receive and disseminate all correspondence from the City.)*

Name: _____
Mailing Address: _____

_____ City State Zip

Phone: _____ Email: _____

2. SIGNATURE OF APPLICANT

I, the undersigned, do hereby certify that the following answers are true and complete to the best of my knowledge. I understand that additional information may be required at my expense in order to complete review of the proposed amendment.

Signature Printed Name Date Submitted

3. DESCRIPTION OF PROPOSED AMENDMENT

(Attach additional pages as necessary to fully respond to the questions.)

3.1 What is the purpose of your proposed amendment? (Describe in specific terms why the proposed amendment is necessary.)

3.2 What changes are you proposing? Please specify the exact language you would like to revise by ~~crossing out~~ language you would like to remove, and underlining any new language you would like to add. Please also identify the chapters and/or sections you are proposing to amend by number.

3.3 How does your proposal support the goals, policies or implementation strategies set out in the Comprehensive Plan? Please identify the goals and/or policies by chapter (called “Elements” in the Comprehensive Plan) and number.

3.4 How will your proposal benefit the community?