



Community Planning Department

210 West 6th Avenue

Kennewick, WA 99336

Phone: (509) 585-4280

cedinfo@ci.kennewick.wa.us

REQUEST FOR AMENDMENT TO ZONING OR SUBDIVISION CODE

Applicable Filing Fee and SEPA Review Fee are due at the time of application ([Fee Schedule](#))

Applicant _____

Address _____

Telephone _____ Cell _____ Fax _____ E-mail _____

The amendment, if adopted, will not be restricted to the applicant's particular situation, but will apply to any future situation that may fall under the amendment, regardless of location or other circumstances. Therefore, please state how, in your opinion, the requested amendment will be to the best interests of the City. Use additional paper if needed.

Requested Amendment: _____

Signature

Date

Checklist:

_____ Application & fee

_____ State Environmental Policy Act checklist (SEPA) & fee