



23204 58th Avenue W  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@mltwa.gov](mailto:PermitSpecialist@mltwa.gov)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# ZONING TEXT AMENDMENT APPLICATION

<b>FOR STAFF USE ONLY</b>	
Permit # _____	Receipt # _____
Minimum Fee \$ _____	
Refundable Deposit \$ _____	
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

**INFORMATION TO THE APPLICANT:**

- A pre-application conference with the City staff is recommended prior to submitting an application.
- Applications must be deemed completed to be processed. Complete means that all filing requirements have been fulfilled. Requests for additional information can still be made after a determination of completeness.
- It is the responsibility of the owners, applicants, and/or agents to be knowledgeable about the City’s Comprehensive Plan, and Title 18 (Land Use Planning and Development Regulation) and Title 19 (Zoning) of the Mountlake Terrace Municipal Code.
- The burden of proof for satisfying zoning text amendment approval criteria rests with the applicant. It is the applicant’s responsibility to demonstrate the proposed text amendment is in the best interest of the community.
- Application for an amendment does not warrant the proposal will be approved.

**CODE SECTION:**

Identify, by code citation, the section(s) of the Zoning Code for which a text amendment is being requested: \_\_\_\_\_

\_\_\_\_\_

Description of change desired: \_\_\_\_\_

\_\_\_\_\_

**FILING REQUIREMENTS:**

- Permit Contact Information Form, completed and signed (page 4)
- This application completed and signed
- A document that responds to each of the following questions as it relates to the proposed text amendment. Be descriptive, specific and complete in your answers.
  - o Description of Change Desired
  - o Identify, by code citation (such as MTMC 19.02.030), the section of the Zoning Code, and the text that you wish amended:

- Identify and discuss the reason(s) for making the requested text amendment
  - List the goals and policies contained in the Comprehensive Plan that you feel apply to your request. Describe why and how each cited goal and/or policy supports the text change request.
  - Explain how and why the proposed change in the zoning text will promote the health, safety, and welfare of the public. Do not restate the request for information.
  - Describe what additional public facilities and services will or could be needed if the text change is adopted? Would this potentially add a public cost? Be descriptive and specific. If you feel the proposed text change would not result in excessive additional requirements at public cost for facilities or services, why not?
- Copy of the code to be amended in its original form
  - Proposed revisions to the existing text in track changes: Use ~~strike through~~ to indicate proposed deletions, and underline to indicate proposed changes and additions.
  - A document that provides responses and justifications for how each approval criteria has been met. See 19.110.240 MTMC (provided below) for approval criteria.
  - SEPA Checklist completed and signed. This is a separate application and fee.\* When applicable, confirm with staff prior to submittal.
  - Application fees and review deposit.
  - Two paper copies of all application materials, collated into sets. One set to be all originals.
  - An electronic copy of all applications and submittal materials. Include a table of contents. Each document is to be saved individually and given a clear, descriptive document name.

I certify the information provided on this permit application is true and correct.

Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Owner / Agent \_\_\_\_\_  
Print

**19.110.240 Zoning text amendments.**

A. Procedural amendments to the text of this title which do not impose, remove, or modify any existing regulations shall be initiated and processed in the manner outlined below except that no public hearing shall be required.

B. The Planning Department, Commission, Council, Board of Adjustment, or any member of the public, may initiate or propose a substantive change to the text of the Zoning Ordinance.

1. Public Hearing. Notice of public hearing shall be prepared by the Planning Department pursuant to MTMC 19.110.180. Supplemental public notification requirements for rezones are contained in Chapter 18.25 MTMC. One open record public hearing is required before the City Council. Planning Commission shall hold a public hearing prior to making their recommendation to the City Council. The Council shall also have a public hearing for rezones.

C. Criteria for Review and Conclusions of Law. The Planning Commission shall consider the following criteria in making their recommendation to the City Council. The Council may approve the request to amend

the text of the Zoning Ordinance only if the proposal conforms to all of the following criteria. The Council shall adopt findings and conclusions for the record that support their decision.

1. The proposal is in conformance with the goals and objectives of the Comprehensive Policy Plan; and
2. The proposal promotes the health, welfare, and safety of the general public; and
3. The proposal will not create excessive additional requirements at public cost for public facilities and services.

D. Final Decision. The Commission may recommend approval or denial of the request to amend the text of the Zoning Ordinance. Their recommendation shall be submitted to the Council for final action. The Council may approve or deny the request. The decision shall be final and conclusive unless an appeal or request for reconsideration is filed according to the procedure outlined in MTMC 19.110.100 and MTMC 19.110.110. (Ord. 2116, 1996; Ord. 2074 § 5.3(G), 1995).



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# PERMIT CONTACT INFORMATION

<b>FOR STAFF USE ONLY</b>
<b>Permit(s) Number(s):</b> _____
<b>PROCESSED BY:</b> _____ (Initials) <b>DATE:</b> ____/____/____

**Project Name/Name of Business (If Applicable)** \_\_\_\_\_

**Subject Property Address** \_\_\_\_\_ **Suite No.** \_\_\_\_\_

**Parcel Number(s)** \_\_\_\_\_

<b>Applicant</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

<b>Property Owner</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail	_____		

<b>Contractor</b> _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		
State License #	Expires	City Business License #	Expires	_____

<b>Contact Person:</b> _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

<b>Design Professional:</b> _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone	E-Mail:	_____		

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_