



Application to Amend the Longview Comprehensive Plan

Community Development Department ♦ 1625 Broadway, P.O. Box 128 ♦ Longview, WA 98632 ♦ 360.442.5086/Fax 360.442.5953

Application to Amend the Longview Comprehensive Plan

LMC 19.03

Case Number: _____

Related Case Number: _____

THIS SECTION FOR OFFICE USE ONLY:

To the City of Longview Planning Commission and City Council:

We, the undersigned, hereby petition to Amend the Longview Comprehensive Plan in the following manner:

Proposed Plan Amendment: Please indicate type of amendment and its location within the Longview Comprehensive Plan:

☐

Text Amendment: Element _____ Section _____ Goal _____

City Objectives _____ City Policies _____

☐

Map Amendment: Element: _____

From: Residential To: Commercial
Present Land Use District Requested Land Use District

Address of Property/Properties: 4138 Ocean Beach Hwy Longview, WA
98632

Assessor's Parcel Number(s): 02930

Legal Description of Property Under Consideration: The northwestern 60 feet of lot
8, block 25, Columbia Valley Gardens No. 3, as recorded in
volume 7 of plats, page 9, records of Cowlitz County, Washington.
Situate in County of Cowlitz, State of Washington
(Attach additional sheets as necessary)

Describe Your Proposed Amendment. Also provide suggested new language if *Text Amendment*:

Have property changed to Commercial Storage units
to be built on property.

(Attach additional sheets as necessary)

Describe why the amendment should be made and why it is in the public interest (e.g., correcting an error, improving consistency, addressing a need that is currently lacking, etc.)

This amendment needs to be made in order to build much
needed storage units in the city of Longview.

(Attach additional sheets as necessary)

Describe how the current language or map designation affects you or your property.

The current designation only allows residential.

(Attach additional sheets as necessary)

GENERAL SITE CHARACTERISTICS

Property Size: Gross Acres: _____ Net Acres: _____ Square Feet: 17,700

Comprehensive Plan Designation: _____ Is the site vacant? no.

Current use of the land. Describe geographical features and note any structures: Has a house
and shed. Property is level

PETITION TO AMEND THE LONGVIEW COMPREHENSIVE PLAN

The information provided is said to be true under penalty of perjury by the Laws of the State of Washington. The undersigned state that they are the owner(s) of the property described herein, and hereby give authorization for the filing of this application. The undersigned also certify that the information contained in this application is true and correct to the best of your/their knowledge and belief. Further, I/we do by my/our signature(s) on this application absolve the City of Longview of all liabilities regarding any deed restrictions that may be applicable to the property described herein. The names, addresses and signature of all property owners is needed (Owner in escrow is not acceptable).

[Photocopy this page and attach as many pages as is needed]

Signature: <u>Charles Bond</u>	Signature: _____
Name: <u>Charles Bond</u> (Please Print)	Name: _____ (Please Print)
Mailing Address: <u>2025 Tibbets Dr.</u> (Street or PO Box)	Mailing Address: _____ (Street or PO Box)
City: <u>Longview</u> State: <u>WA</u>	City: _____ State: _____
Zip: <u>98632</u> Phone: <u>(360) 751-2702</u>	Zip: _____ Phone: _____
Signature: _____	Signature: _____
Name: _____ (Please Print)	Name: _____ (Please Print)
Mailing Address: _____ (Street or PO Box)	Mailing Address: _____ (Street or PO Box)
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____
Signature: _____	Signature: _____
Name: _____ (Please Print)	Name: _____ (Please Print)
Mailing Address: _____ (Street or PO Box)	Mailing Address: _____ (Street or PO Box)
City: _____ State: _____	City: _____ State: _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____

CERTIFICATION

City of Longview)

SS

County of Cowlitz)

I/we, being first duly sworn, do/does hereby depose and say that am/are the legal owner(s) of property described herein, and the information herewith submitted is in all respects true and correct to the best of my knowledge and belief, and have affixed my signature(s) hereto in the presence of the undersigned.

I/we declare under penalty of the perjury laws that the information provided on this form/application is true, correct and complete:

Signature of applicant(s):

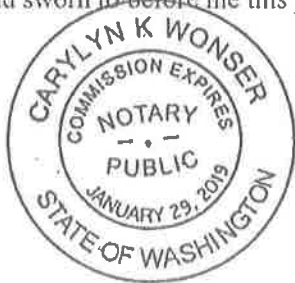
Mailing Address: 2025 Tibbets Dr.

(Street or PO Box)

See Note 3

City: Longview State: WA Zip: 98632 Phone: (360) 751-2702

Subscribed and sworn to before me this 29th day of September, 2017



Notary Public

Printed Name: Carylyn K Wanser

Residing In: Longview, WA

My Commission Expires: January 29, 2019

NOTES:

1. Signatures of all owners are required if property is in joint ownership, which may include husband and wife.
2. A detailed map of the area that is subject of the Comprehensive Plan Amendment request must be submitted to the Community Development Department.
3. The mailing address on this page will be the address all reports and notices concerning this application will be sent to.

FILING FEES:

Public Hearing Fee: \$2,317
SEPA Review Fee: \$579.00
Total Fees: 2896.00
Comments:

BELOW IS FOR STAFF USE ONLY:

DATE APPLICATION COMPLETE:

LONGVIEW PLANNING COMMISSION:

Set on Planning Commission
Agenda For a Future Public Hearing: Date 7:00 PM
Public Hearing Scheduled: Date: 7:00 PM
Comments:

LONGVIEW CITY COUNCIL:

Public Hearing Scheduled: Date: 7:00 PM
Ordinance No: Adopted: Effective:
Comments:
.....
.....

NOTES TO APPLICANT/OWNER:

1. Community Development Staff will review this application for completeness and will contact you if additional information is needed. Incomplete applications will not be scheduled for a hearing before the Planning Commission.
2. If the City Council, Planning Commission or Community Development Staff determine that additional and/or revised information is needed, and/or if other unforeseen circumstances arise, any dates outlined for processing the application may be rescheduled by the City.
3. All items shall be completed as determined by the Community Development Department prior to the application being deemed complete for processing.
4. The applicant may be required to conduct studies, such as a traffic study, and have the studies reviewed by the City prior to any public hearing on the application. The cost of all required studies shall be borne by the applicant.
5. All fees required by the City in reviewing this application shall be paid prior to any public hearings.
6. The applicant or authorized representative must attend the Planning Commission and City Council public hearings.

Comments: This is complete to the best of my knowledge. If
any additional information is needed please let me know and
it will be provided.



Rezone Request Application

Community Development Department ♦ 1525 Broadway, P.O. Box 128 ♦ Longview, WA 98632 ♦ 360.442.5086 Fax 360.442.5963

Application to Rezone Property LMC 19.81.040 Case Number: _____ Related Case Number: _____	THIS SECTION FOR OFFICE USE ONLY:
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To the City of Longview Planning Commission and City Council:

We, the undersigned, hereby petition to Rezone and/or change the Zoning District for the following property or properties:

From: Residential To: Commercial
Present Zoning District Requested Zoning District

Applicant: Charles Bond Phone: 360-751-2702
(Print All Information)

Contact Name: Charles Bond Fax: 360-423-0717

Mailing Address: 2025 Tibbatts Dr.
(Street or PO Box)

City: Longview Email: cbond @ kalama.com

State: WA Zip: 98632

Address of Property/Properties: 4138 Ocean Beach Hwy Longview, WA 98632

Assessor's Parcel Number(s): 02930

Description of Property: The northwestern 60 feet of lot 8 block 25, Columbia valley gardens no. 3, as recorded in volume 7 of plats, page 9, records of cowlitz county, wa

Name of Subdivision: _____ Lot(s): _____

Block(s): _____

Location: Section _____ Township & Range _____ Willamette Meridian
(Attach additional sheets as necessary)

REQUIRED SUBMITTAL MATERIALS

Have you had a pre-application conference with City staff? John Brickey Date: 9/19/17

- ☐ Maps or Plans Showing Affected Property.
- ☒ Completed Environmental Checklist (SEPA).
- ☒ Narrative Explaining Reason for Zone Change Classification Requested (below).
- ☒ Legal Description of Property.
- Contract Acceptable Proof of ownership such as notarized petitions, deed, or title report.
- Contract One copy of the property deed; and, if the applicant is not the owner, a notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.
- ☐ Certificate of Appropriateness issued by the Historic Preservation Commission, if applicable.

Comments: _____

Explain the reason(s) for the Zone Change Classification Requested: _____

The property is adjacent to and east of the commercial property I own and plan to build 61 apartment units on.

The purpose of this property will be for storage units, which is an acceptable use of the commercial zoning.

(Attach additional sheets as necessary)

GENERAL SITE CHARACTERISTICS

Property Size: Gross Acres: 60 x 295 Square Feet: 17,700

Comprehensive Plan Designation: Residential

Does this Rezone also require a Comprehensive Plan Designation change? yes

Is the site vacant? no

Current Use of the Land

Describe geographical features and note any structures: There is a residential house
on the property presently. This will be replaced with storage units.
The property is level.

Current Sewerage System: Longview

Street System serving area: State / Longview

ZONE CHANGE PETITION

The owner or owners of any property located within the City may submit a request for a change of zoning classification on that property. This request will be considered by the Planning Commission. The change in the zoning classification of a property or properties must be signed by the owner or owners of not less than fifty-one (51%) percent of the area of property for which a change in zoning classification is sought.

[Photocopy this page and attach as many pages as is needed]

Name: Charles Bond
(Please Print All Information)

Mailing Address: 2025 Tibbets
(Street or PO Box)

City: Longview State: WA

Zip: 98632 Phone: 360-751-7707

Description/use of Property: Residential to
change to commercial.

Name: _____
(Please Print All Information)

Mailing Address: _____
(Street or PO Box)

City: _____ State: _____

Zip: _____ Phone: _____

Description/use of Property: _____

Name: _____
(Please Print All Information)

Mailing Address: _____
(Street or PO Box)

City: _____ State: _____

Zip: _____ Phone: _____

Description/use of Property: _____

<p>Name: _____ <small>(Please Print All Information)</small></p> <p>Mailing Address: _____ <small>(Street or PO Box)</small></p> <p>City: _____ State: _____</p> <p>Zip: _____ Phone: _____</p>	<p>Description/use of Property: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>FILING FEES:</u></p> <p>Public Hearing Fee: <u>\$2,317</u></p> <p>SEPA Review Fee: <u>\$579</u></p> <p>Total Fees: <u>2896.00</u></p> <p>Comments: <u>There is a great need for storage units.</u></p>	

NOTES TO APPLICANT/OWNER:

1. Community Development Staff will review this application for completeness and will contact you if additional information is needed. Incomplete applications will not be scheduled for a hearing before the Planning Commission.
2. If the City Council, Planning Commission or Community Development Staff determine that additional and/or revised information is needed, and/or if other unforeseen circumstances arise, any dates outlined for processing the application may be rescheduled by the City.
3. All items shall be completed as determined by the Community Development Department prior to the application being deemed complete for processing.
4. The applicant may be required to conduct studies, such as a traffic study, and have the studies reviewed by the City prior to any public hearing on the application. The cost of all required studies shall be borne by the applicant.
5. All fees required by the City in reviewing this application shall be paid prior to any public hearings.
6. The applicant or authorized representative must attend the Planning Commission and City Council public hearings.

Comments: _____

SIGNATURES:

I/we understand that if it is determined the application is not complete, the City shall immediately reject the application and identify in writing what is needed to make the application complete for a public hearing. No public hearings will be scheduled on this application until all outstanding issues have been resolved and the application is considered complete.

I/we agree that the City of Longview staff may enter upon the subject property at any reasonable time to consider the merits of the application, to make assessments, take photographs and to post public hearing notices.

I/we declare under penalty of the perjury laws that the information provided on this form/application is true, correct and complete.

Signature of Property Owner:



Date: 9/19/17

Signature of Applicant:

Date:

Below is for Staff Use Only:

Longview Planning Commission:

Public Hearing Scheduled: Date:

7:00 pm

Comments:

Longview City Council:

Public Hearing Scheduled: Date:

7:00 pm

Comments: