



# CITY OF SNOHOMISH

P.O. BOX 1589 | SNOHOMISH, WASHINGTON 98291 | (360) 568-3115 | WWW.SNOHOMISHWA.GOV

## DOCKET APPLICATION

For more information, refer to the Snohomish Municipal Code 14.15.020. Applications may only be submitted on the [SSPP](#).

<b>Date:</b>	<b>File #:</b>
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APPLICANT INFORMATION	OWNER (IF DIFFERENT FROM APPLICANT)
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City/State/Zip:</b>	<b>City/State/Zip:</b>
<b>Phone:</b>	<b>Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Alternate Phone:</b>	<b>Alternate Phone:</b>
<b>E-mail:</b>	<b>E-mail:</b>

**TYPE OF AMENDMENT**  FUTURE LAND USE MAP  TEXT (Policy)  DEVELOPMENT REGULATION

**MAP PROPOSAL**

Tax Parcel ID#(s):
Street Address:
<b>Current</b> Future Land Use Designation:
<b>Proposed</b> Future Land Use Designation:

**TEXT (POLICY) PROPOSAL**

Policy number proposed to be changed:
Proposed changed/new policy:

**DEVELOPMENT REGULATION PROPOSAL**

Code section number proposed to be changed:
Proposed changed/new regulation:

**For each proposal, attach on a separate sheet a narrative explaining why the change is being proposed.**



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## Notarized Acknowledgement of Property Ownership for Docket Proposal

STATE OF WASHINGTON)

ss.

COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath acknowledged that he was authorized to execute the instrument, and acknowledged it as the \_\_\_\_\_ for THE CITY OF SNOHOMISH to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
[Legibly print name of notary]  
NOTARY PUBLIC in and for the State  
of Washington, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

STATE OF WASHINGTON)

ss.

COUNTY OF SNOHOMISH)

I certify that I know or have satisfactory evidence that \_\_\_\_\_ and \_\_\_\_\_ is/are the persons who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument, on oath acknowledged that he/she/they was/were authorized to execute the instrument, and acknowledged it to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
[Legibly print name of notary]  
NOTARY PUBLIC in and for the State  
of Washington, residing at \_\_\_\_\_  
My commission expires \_\_\_\_\_

For City Use Only	
Docketing Number:	
Placed on Final Docket?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>DATE STAMP</b>