



Reclassification/ Rezone Application

Intake Date	Tech Initials	Project File #
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- Reclassification/Rezone
- Institutional Zone Reclassification (Master Development Plan)

Property Address _____

Project Name _____

Applicant _____ Phone _____

Address _____ City, State, Zip _____

Engineer/Architect _____ Phone _____

Address _____ City, State, Zip _____

Contact Person _____ Phone _____

Email Address _____ Fax _____

Address _____ City, State, Zip _____

Proposal Description: Change map designation from _____ to _____

Other _____

Site Data: Site Area _____

Subarea _____

Comprehensive Plan land use designation _____

Community Council: East Bellevue Sammamish None

Notice of Completeness: Your application is considered complete, per RCW 36.70B, 29 days after submittal, unless otherwise notified.

I certify that I am the owner or owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits or review under the Land Use Code and other applicable Bellevue City Codes and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I certify that the information on this application is true and correct and that the applicable requirements of the City of Bellevue, RCW and the State Environmental Policy Act (SEPA) will be met.

Signature _____ Date _____