



Town of Friday Harbor
Community Development and Planning
60 Second St. S | P.O. Box 219 | Friday Harbor, WA 98250
Office: (360) 378-2810 | Fax (360) 378-2380 | www.fridayharbor.org

Request for Change to Comprehensive Plan and Land Use Regulations

Applicant Name: _____ Phone: _____

Agent Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Section 1. Request for Land Reclassification

Property Address: _____

Tax Parcel Number: _____

Current Land Use Classification (check one):

Residential

Non-Residential

Utility

Public Service

Proposed Land Use Classification (check one):

Residential

Non-Residential

Utility

Public Service

Section 2. Request for text changes to the Comprehensive Plan and/or Land Use Regulations *(attach additional pages as needed)*

Submittal Requirements All requests must include the following:

Completed, signed, and dated Request for Change to Comprehensive Plan form

Map of property (if applicable)

Goal or Policy number (e.g., UGA-1)

Written narrative explaining reason for requested change

Fee payment by check (50% at application; 50% upon docketing of request)

Signature (Legal Owner or Authorized Agent*)

**Letter of Agent Authorization signed by the legal property owner required.*

Date

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LETTER OF AGENT AUTHORIZATION

I, _____
(Legal Property Owner(s))

authorize _____ to act on
(Agent)

my behalf during the processing of:

(Application Type)

(Signature of legal property owner) (Date)

(Signature of legal property owner) (Date)