



**Town of Friday Harbor**  
**Department of Community Development**  
PO Box 219 / Friday Harbor / WA / 98250  
(360) 378-2810 / fax (360) 378-8723 / www.fridayharbor.org

**Request for Changes to Comprehensive Plan  
& Land Use Regulations**

Date \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fill out all sections that apply to your request.

**1.** Area requested for Reclassification: (street address & tax parcel number)

\_\_\_\_\_  
\_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Zoning & Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2.** I request the following text changes to the Comprehensive Plan and/or Land Use Regulations of the Town of Friday Harbor.

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

**Signature** (legal owner or agent for reclassifications):