

Lake Oswego

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Vancouver

1499 SE Tech Center Pl., #380 Vancouver, WA 98683 360-567-3900 Bend

360 SW Bond St., Suite 400 Bend, OR 97702 541-647-2979

HAND DELIVERED

January 30, 2015

Robert Maul City of Camas 616 NE 4th Avenue Camas WA 98607

Re:

Lake Hills Zone Change Request

Our File No. 51893-71648

Dear Robert

In accordance with our prior discussion we request a code change to CMC 18.09.040 Table 2 to chance the lot coverage for the R-6, R-7.5, R-10, R-12, R-15 and R-20 to be consistent with the R-5 zoning district. We believe that the larger lots are better able to accommodate large yards which we know is a concern. We will be submitting additional supporting material next week.

Enclosed please find our client's check in the amount of \$1,650, and our firm check for \$50 representing the fee for the zone change request.

Sincerely,

JORDAN RAMIS PC

James D. Howsley

Admitted in Washington and Oregon jamie.howsley@jordanramis.com WA Direct Dial (360) 567-3913 OR Direct Dial (503) 598-5592

Enclosures



Community Development Department | Planning 616 NE Fourth Avenue | Camas, WA 98607 (360) 817-1568 | www.cityofcamas.us

General Application Form

Case Number:

		Applicant Information			
Applicant/Contact::	James D. Howsley		Phone: (360) 567-3913		
Address:	1499 SE Tech Cen	iter Place, Suite 38	30 jamie.ho	owsley@jordanramis.com	
	Street Address		E-mail Address	and a second	
	Vancouver City	V	WAState	98683 ZIP Code	
	Only		State	zir Gode	
Property Information Property Address:					
Troperty Address.	Street Address		County Assessor # / Parcel #		
Zoning District	City	Site Size	State	ZIP Code	
		Description of Broject			
Brief description:		Description of Project			
G	eneral code amendmer	nt applicable to who	ole city.	p.	
Are you requesting a	a consolidated review per CN	1C 18.55.020(B)?	YES	NO	
Permits Requested:	☐ Type I ☐	Type II 🔲 Typ	oe III	pe IV, BOA Other	
and his are layer as	Prope	erty Owner or Contract Pur	chaser	6 4年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	
Owner's Name:			Phone: _()_		
	Last	First	_		
Address:	Street Address		Apartment/Unit #		
E mail Address:				2	
	City		State	Zip	
the property.	licant to make this application	Signature on. Further, I grant permiss	sion for city staff to	1 30 200	
Signature: Note: If multiple property a property owner signature	owners are party to the application from them a letter of authorization from	on, an additional application form rom the owner is required.	must be signed by each	Date: Fit is impractical to obtain	
Date Submitted:	2/2/15 Pre-A	pplication Date: No No		Pd. 5 2/2/#241218	
Staff: SK	Related Cases #			Validation of Fees	

Revised: 01/14/13