



ZONE CHANGE APPLICATION

STAFF USE ONLY
Date Submitted: _____ Received by: _____ Fee paid: _____ Project # _____

REQUIRED SUBMITTALS

** Public Hearing with the Planning Commission and City Council required*

Application Fee: \$ 1,200.00
Publication Fee (x2): \$ 300.00
Mailing Fee (x2): \$ 1.00 per address + \$ 28.00
(The City's standard mailing list has 28 addresses per public hearing)

A COMPLETE APPLICATION is required at time of application submittal, as determined and accepted by the Planning Department.

- Completed application form**
- Application, Publication, and Mailing Fees**
- Title Report(s) by an Idaho licensed Title Company:** Title report(s) with correct ownership easements, and encumbrances prepared by a title insurance company. The report(s) shall be a full Title Report and include the Listing Packet.
- Mailing labels provided by an Idaho licensed Title Company:** Owner's list and three (3) sets of mailing labels with the owner's addresses prepared by a title company, using the last known name/address from the latest tax roll of the County records. This shall include the following:
 1. All property owners within 300ft of the external boundaries. ** Non-owners list no longer required**
 2. All property owners within the subject property boundaries. *(Including the applicant's property)*
 3. A copy of the tax map showing the 300ft mailing boundary around the subject property.
- A written narrative:** Including zoning, how proposal relates to the 2022-2042 Comprehensive Plan Category, Neighborhood Area, applicable Special Areas and appropriate Goals and Policies, and Policies and how they support your request.
- A legal description:** in MS Word compatible format.
- A vicinity map:** To scale, showing property lines, thoroughfares, existing and proposed zoning, etc.
- Submittal documents:** Applications will not be accepted unless all application items on the form are submitted both with original documents and an electronic copy.

DEADLINE FOR SUBMITTALS

The Planning Commission meets on the second Tuesday of each month. The completed form and other documents must be submitted to the Planning Department not later than the first working day of the month that precedes the next Planning Commission meeting at which this item may be heard.

PUBLIC HEARING NOTICE SIGN TO BE POSTED ON SUBJECT PROPERTY:

The applicant is required to post a public hearing notice, provided by the Planning Department, on the property at a location specified by the Planning Department. This posting must be done one (1) week prior to the date of the Planning Commission meeting at which this item will be heard. An affidavit testifying where and when the notice was posted, by whom, and a picture of the notice posed on the property is also required and must be returned to the Planning Department.

APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
APPLICANT OR CONSULTANT:		PROF. ROLE:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	

FILING CAPACITY

- Recorded property owner as to of _____
- Purchasing (under contract) as of _____
- The Lessee/Renter as of _____
- Authorized agent of any of the foregoing, duly authorized in writing. *(Written authorization must be attached)*

SITE INFORMATION:

ADDRESS OF PROPERTY OR GENERAL LOCATION:		
EXISTING CITY ZONING (CHECK ALL THAT APPLY): R-1 <input type="checkbox"/> R-3 <input type="checkbox"/> R-5 <input type="checkbox"/> R-8 <input type="checkbox"/> R-12 <input type="checkbox"/> R-17 <input type="checkbox"/> MH-8 <input type="checkbox"/> NC <input type="checkbox"/> C-17 <input type="checkbox"/> C-17L <input type="checkbox"/> CC <input type="checkbox"/> DC <input type="checkbox"/> LM <input type="checkbox"/> M <input type="checkbox"/> NW <input type="checkbox"/>		
PROPOSED CITY ZONING (CHECK ALL THAT APPLY): R-1 <input type="checkbox"/> R-3 <input type="checkbox"/> R-5 <input type="checkbox"/> R-8 <input type="checkbox"/> R-12 <input type="checkbox"/> R-17 <input type="checkbox"/> MH-8 <input type="checkbox"/> NC <input type="checkbox"/> C-17 <input type="checkbox"/> C-17L <input type="checkbox"/> CC <input type="checkbox"/> DC <input type="checkbox"/> LM <input type="checkbox"/> M <input type="checkbox"/> NW <input type="checkbox"/>		
LEGAL DESCRIPTION #:	EXISTING ZONING:	TOTAL NET AREA/ACRES:
GROSS AREA/ACRES:	CURRENT LAND USE:	ADJACENT LAND USE:
DESCRIPTION OF PROJECT/REASON FOR REQUEST:		

REQUIRED CERTIFICATIONS:

OWNERSHIP LIST:

Attached is a listing of the addresses of all property owners within 300 feet of this request as described under "Submittals".

The list was compiled by _____ on _____.
(title company) (date)

RESIDENTS LIST:

Attached is a listing of the addresses of all residences that are not owner-occupied within 300 feet of this request as described under "Submittals".

The list was compiled by _____ on _____.
(name) (date)

CERTIFICATION OF APPLICANT:

I, _____, being duly sworn, attests that he/she is the applicant of this
(Insert name of applicant)

request and knows the contents thereof to be true to his/her knowledge.

Signed: _____
(applicant)

Notary to complete this section for applicant:

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public for Idaho Residing at: _____

My commission expires: _____

Signed: _____
(notary)

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD:

I have read and consent to the filing of this application as the owner of record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

Notary to complete this section for all owners of record:

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public for Idaho Residing at: _____

My commission expires: _____

Signed: _____
(notary)

For multiple applicants or owners of record, please submit multiple copies of this page.

I (We) the undersigned do hereby make petition for a zone change of the property described in this petition, and do certify that we have provided accurate information as required by this petition form, to the best of my (our) ability.

Be advised that all exhibits presented will need to be identified at the meeting, entered into the record, and retained in the file.

DATED THIS _____ DAY OF _____ 20 _____

