



CITY OF TWIN FALLS
COMMUNITY DEVELOPMENT SERVICES
P.O. Box 1907
324 Hansen Street E
Twin Falls, ID 83303
PH: 208-735-7267 FAX: 208-736-2641

NON-CONFORMING BUILDING EXPANSION PERMIT
A pre-application meeting with staff must occur prior to acceptance of any applications.

Pre-App Meeting Date: _____

Date of the Application: _____

Application No.: _____

Fee: **\$50.00**

A. APPLICANT INFORMATION:

1. Name of applicant: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____ E-mail: _____
Applicant Signature: _____

2. Name of Applicant's Representative **(if other than above)**: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Email Address: _____

B. REQUEST INFORMATION:

1. The following is a request that a NON-CONFORMING BUILDING EXPANSION PERMIT be granted for the Real Property Located at (street address):

and LEGALLY DESCRIBED as: _____
for the proposed use of: _____
2. Present use of property: _____
3. Existing Zoning District: _____
4. Project Land Area Size: _____
5. Existing Building Size: _____
6. Proposed Building Expansion Size: _____

C. **PRIOR TO ACCEPTANCE/SCHEDULING OF THE APPLICATION THE APPLICANT MUST PROVIDE THE FOLLOWING:**

1. The applicant must prove control of the property for which the request is being made by providing ONE of the following:
 - a. Copy of Warranty Deed, OR
 - b. Copy of Earnest Money Agreement OR Contract of Sale, duly acknowledged by BOTH Buyer and Seller, OR
 - c. Copy of Lease Agreement AND Owner's Written Consent.

2. **Public Notification**

The applicant must provide a CONSOLIDATED LIST of name and addresses of all LEGAL property owners within a specified perimeter of the subject property and any additional area that may be impacted by the proposed change as determined by the Zoning Administrator. A list of these parcels will be made available to you by staff once your permit application has been reviewed and the perimeter has been determined. Once the list of parcels has been generated by staff, the list will be provided to you so that you may obtain the property owner and mailing addresses from either of the following:

- a. from the County Assessor's Office, OR
- b. from a title company

The completed list of names addresses and parcel numbers must be submitted back to the Zoning & Development Department in order for your request to be scheduled for a public hearing.

3. A site plan, drawn to SCALE on an 8 ½" x 11" paper, which shall meet or exceed the required information as shown on the attached site drawing(s).

Note: If new buildings are proposed, elevations are required.

4. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:

- a. The reason for the request;
- b. An explanation of the project, including:
 - i. Hours of operation;
 - ii. Traffic anticipated;
 - iii. Number of employees, etc.
- c. An evaluation of the effects on adjoining property including the effect of such elements as:
 - i. Noise;
 - ii. Glare;
 - iii. Odor;
 - iv. Fumes and vibration on adjoining property; with
 - v. A discussion of the general compatibility with adjacent and other properties in the district.

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OFFICIAL USE ONLY:

COMMISSION HEARING:

PUBLISH DATE: _____

HEARING DATE: _____

COUNCIL HEARING (upon appeal):

PUBLISH DATE: _____

HEARING DATE: _____

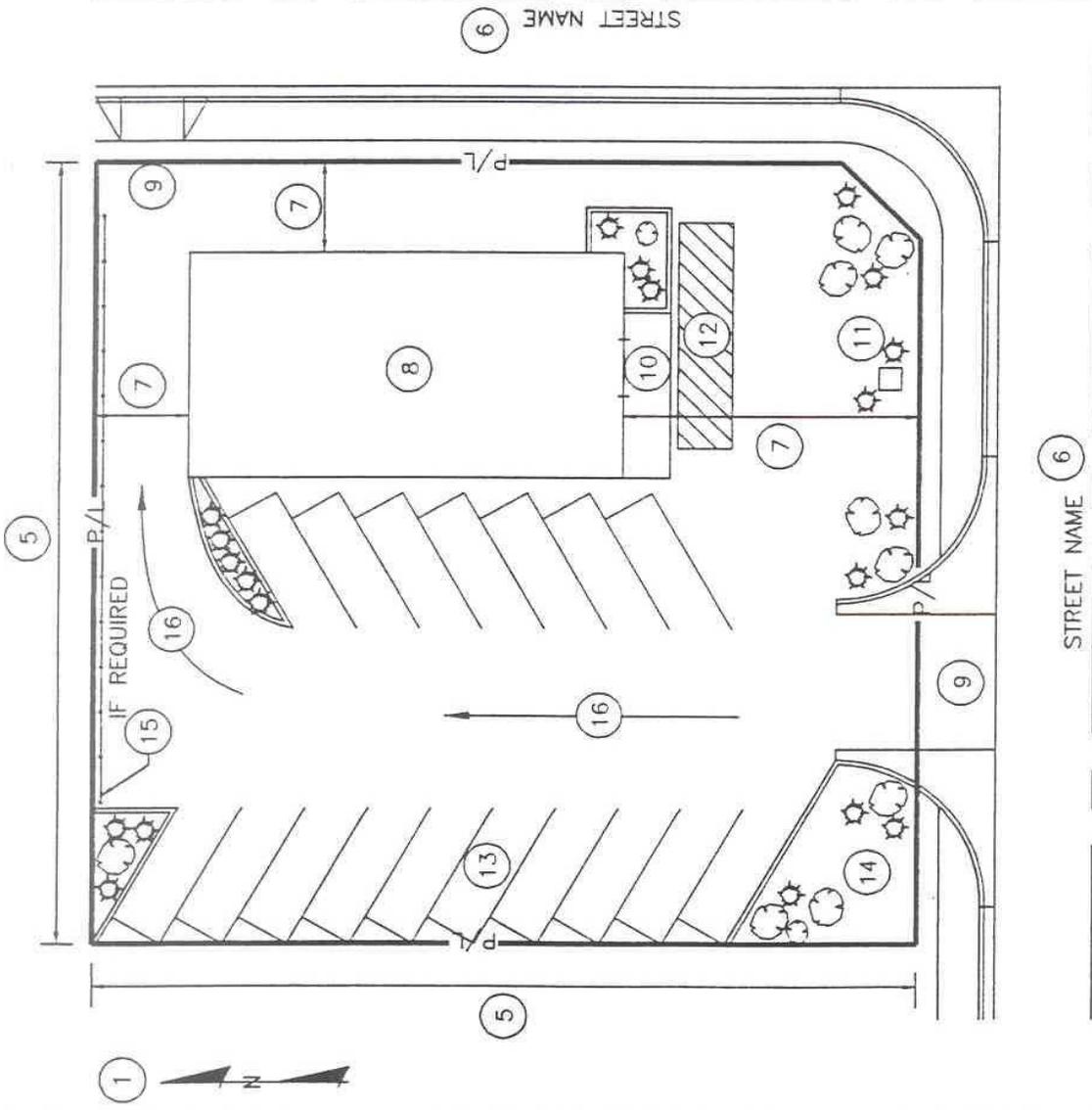
REQUIRED INFORMATION

- 1 NORTH ARROW
- 2 SCALE OF DRAWING
- 3 LEGAL DESCRIPTION
- 4 OWNERS NAME, ADDRESS & PHONE NUMBER
- 5 PROPERTY LINE & LOT DIMENSION
- 6 STREET NAME
- 7 SET BACKS—FROM PROPERTY LINES—FRONT, BACK, SIDE
- 8 LOCATION OF ALL BUILDINGS, SQUARE FOOTAGE & DIMENSIONS
- 9 ACCESS — DRIVEWAY OR ARTERIAL IF REQUIRED
- 10 FRONT ENTRANCE
- 11 SIGN — LOCATION & SIZE
- 12 FIRE LANES
- 13 PARKING PLAN, N SPACES SHOWN & N SPACES REQUIRED
- 14 LANDSCAPING & SQUARE FOOTAGE
- 15 HEIGHT & TYPE OF FENCE
- 16 DIRECTION OF TRAFFIC FLOW

NOTE: DRAWING SIZE
8 1/2" X 11"

3 LOT# BLOCK#
SUBDIVISION NAME

4 JOHN DOE
ANY STREET
TWIN FALLS, ID



COMMERCIAL SITE PLAN

2 SCALE: 0" = 00'