



CITY OF TWIN FALLS
 COMMUNITY DEVELOPMENT SERVICES
 P.O. Box 1907
 203 Main Avenue East
 Twin Falls, ID 83303
 PH: 208-735-7267 FAX: 208-736-2641

COMPREHENSIVE PLAN AMENDMENT

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: **\$200.00 + \$50 if in Aol**

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 the COMPREHENSIVE PLAN for the City of Twin Falls, Idaho
 be AMENDED as follows: _____

Note: Cost of publication of an ordinance which implements this request is not included in the fee. The publication cost is the responsibility of the applicant. After ordinance approval by the City Council, the Times News will call the applicant with the cost and will publish only after receipt of payment. Your request is not final until publication of the implementing ordinance. Pursuant to State law, the implementing ordinance must be published within one month of passage to become effective.

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

1. **Property Owner Notification**

The applicant must provide a **consolidated list** of names and addresses of all property owners within the specified distance from the subject property perimeter as listed below.

The Director of Planning and Zoning may require notification to additional areas which may be impacted by the proposed change.

Zoning District of Subject Property	Notification Distance
AG, SUI, R-1 VAR, R2, R4, RM, OS	500 Feet
R-6, MHO-1, AP, CB, C1, CM, OT, RB, CSI	750 Feet
M-1, M-2	1000 Feet

The property owner mailing list may be obtained from either of the following:

- a) Twin Falls County Assessor's Office: 630 Addison Avenue West, Twin Falls, ID 83301 OR
- b) A Title Company of your choosing.

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

- a. The reason for the request;
- b. Submit the section of the current Comprehensive Plan Land **showing the proposed change**
- c. Explain in detail how this change could affect the surrounding area
- d. Explain in detail how this change could affect the growth of the City of Twin Falls.

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OFFICIAL USE ONLY:

COMMISSION HEARING: PUBLISH DATE: _____

HEARING DATE: _____

CITY COUNCIL HEARING: PUBLISH DATE: _____

HEARING DATE: _____

BOARD OF COUNTY COMMISSIONERS: PUBLISH DATE: _____
(If property is located within the Area of Impact)

HEARING DATE: _____