



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

ZONING DISTRICT CHANGE AND ZONING MAP AMENDMENT (REZONE-10-14-1 thru 7))

Date of the Application: _____

Application No.: _____

Fee: \$215.00 + (\$50.00 if in AOI)

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 Real Property Located at (street address):

 and LEGALLY DESCRIBED as: _____
 be REZONED from _____ ZONING DESIGNATION to _____ ZONING DESIGNATION
2. Present use of property: _____
3. Proposed Use of the Property: _____
4. Size of Land Area proposed for Rezone: _____

NOTE: A request for a Comprehensive Plan Amendment is required prior to a request that is NOT in conformance with the Comprehensive Plan.

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 ALL OF THE FOLLOWING INFORMATION:

1. The applicant must prove control of the property for which the request is being made by providing the following:
 - a. Copy of Warranty Deed,
 - b. Copy of Earnest Money Agreement **OR** Contract of Sale, duly acknowledged by **BOTH Buyer and Seller**.

2. **Property Owner 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 vicinity/area map to **SCALE** on an **8 ½" x 11" paper**, of the subject property showing the following:

- a. Property lines
- b. Streets
- c. Existing zoning of subject property;
- d. Proposed zoning of subject property;
- e. Zoning district of the adjacent properties of subject property

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

- a. The reason for the request;
- b. A statement on:
 - i. How the proposed zoning change relates to the Comprehensive Plan; and
 - ii. Compatibility with the surrounding area, and
 - iii. An explanation of the intended use/development of the property

5. **Provide a legal metes and bounds description prepared by a Professional Land Surveyor for the subject property. Note: this is required in order for the application to be scheduled for a public hearing.**

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OFFICIAL USE ONLY:

COMMISSION HEARING: PUBLISH DATE: _____

PRELIMINARY ZDA PRESENTATION: _____

HEARING DATE: _____

COUNCIL HEARING: PUBLISH DATE: _____

HEARING DATE: _____

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

PUBLISH DATE: _____

HEARING DATE: _____

NOTICE OF PUBLIC HEARINGS SIGNS AVAILABLE FOR RENT OR PURCHASE

Lytle Signs, Inc.
1925 Kimberly Rd
Twin Falls, ID 83301
208-733-1739

Purchase Price: ~~\$165.00~~ + tax

Rental Price: \$26.50 (plus \$100 deposit to be returned when the sign is returned)

Please bring (1) check for \$100 deposit and (1) of \$26.50 rent

Single Face 2' x 3' sign with white background, black lettering, digitally printed city logo and brochure holder installed in an angle iron frame.

