



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

ZONING TITLE AMENDMENT

Date of the Application: _____

Application No.: _____

Fee: \$200.00

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 the ZONING ORDINANCE for the City of Twin Falls, Idaho

be AMENDED as follows: _____

2. Submit the section of the current CITY CODE **showing the proposed changes**

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

a. The reason for the request

NOTE: A request for a Comprehensive Plan Amendment is required for 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.

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OFFICIAL USE ONLY:

COMMISSION HEARING:

PUBLISH DATE: _____

HEARING DATE: _____

COUNCIL HEARING:

PUBLISH DATE: _____

HEARING DATE: _____