



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

PUD/ ZDA 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: \$215.00 _____

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 _____ PUD/ZDA Agreement between the City of Twin Falls, Idaho
 and _____

be AMENDED as follows: _____

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. aCopy of *Warranty Deed*, OR
 - 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 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.

3. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:
 - a. Explain in detail the reason for the request; describe / include the specific changes and how they differ from the approved PUD/ZDA and the Master Development Plan.
 - b. Submit the current PUD/ZDA showing the proposed changes and include an *Amended Master Development Plan (color)*.
 - c. Explain in detail how this change could effect the development.
 - d. Explain in detail how this change could affect the surrounding area.

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OFFICIAL USE ONLY:

COMMISSION HEARING: PUBLISH DATE: _____

PRELIMINARY PUD PRESENTATION: _____

HEARING DATE: _____

COUNCIL HEARING: PUBLISH DATE: _____

HEARING DATE: _____

See attached: City Ordinance 3082 passed by the City Council December 8, 2014 for additional requirements



OFFICIAL USE ONLY:

COMMISSION HEARING: PUBLISH DATE: _____

PUD Amendment PRELIMINARY 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 HEARING 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) for \$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.

