CITY OF POST FALLS
COMMUNITY DEVELOPMENT

ENGINEERING DIVISION

FRONTAGE IMPROVEMENTS WAIVER REQUEST

$150.00 Waiver Request Fee

APPLICANT INFORMATION:

Name:_____Phone No:_____Fax No: _____

Address:_____E-Mail Address _____

City:_____State:_____Zip:_____

Contact:_____Phone:_____Fax:_____

SITE INFORMATION:

- Include (1) one copy of property site map.

Property Address:_____

General Location:_____

_____

Describe frontage improvements for waiver consideration, and reason for request: _____

408 N. Spokane Street, Post Falls, ID 83854 • *tel* (208)773-3511 • *fax* (208)773-8362 •
www.postfallsidaho.org

FRONTAGE IMPROVEMENTS FEE WAIVER REQUEST – Pg. 2

Administrative Use Only

Engineering Division:

Approve _____ Deny _____ Conditionally Approve _____

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_____ _____
Name Date

Planning Division:

Approve _____ Deny _____ Conditionally Approve _____

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_____ _____
Name Date