



# COMPREHENSIVE PLAN AMENDMENT TEXT & MAP APPLICATION

Post Falls Comprehensive Plan

## Public Services Department – Planning Division

408 N. Spokane St. Post Falls, ID 83854  
208.773.8708 Fax: 208.773.2505

**STAFF USE ONLY**

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_ Fee paid: \_\_\_\_\_ Permit/Parcel # \_\_\_\_\_

### PART 1 – REQUIRED MATERIAL

\*\*THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED\*\*

A Comprehensive Plan text or map amendment is a modification to the City's guiding community plan.

- Completed application form**
- Application fee**
- A written narrative:** Explaining the proposed amendments and why it is necessary (to correct an error or to recognize changing conditions, etc.). Include a statement of the perceived impacts the proposed change would have on the City. State how the proposed change is more consistent with the goals and policies within the Comprehensive Plan.
- A draft of the proposed text changes:** in MS Word compatible format.
- A map of proposed amendment:** If applicable. To scale, showing property lines, thoroughfares, existing and proposed zoning, etc.

### PART 2 – APPLICATION INFORMATION

<b>PROPERTY OWNER:</b>		
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>
<b>APPLICANT OR CONSULTANT:</b>		<b>STATUS: ENGINEER OTHER</b>
<b>MAILING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>PHONE:</b>	<b>FAX:</b>	<b>EMAIL:</b>

**SITE INFORMATION:**

<b>PROPERTY GENERAL LOCATION OR ADDRESS:</b>		
<b>PROPERTY LEGAL DESCRIPTION (ATTACH OR DESCRIBE):</b>		
<b>TAX PARCEL #:</b>	<b>EXISTING ZONING:</b>	<b>ADJACENT ZONING:</b>
	<b>CURRENT LAND USE:</b>	<b>ADJACENT LAND USE:</b>
<b>DESCRIPTION OF PROJECT/REASON FOR REQUEST:</b>		

**PART 3 – CERTIFICATION**

The applicant (or representative) must be present at the public hearing to represent this proposal or the application will not be heard. The applicant will be responsible for costs to re-notice the public hearing.

Petitioner's name(s), address, and phone number:

Name	Address	Phone