



# PRE-ANNEXATION CONFERENCE APPLICATION

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 # \_\_\_\_\_ Project# \_\_\_\_\_

## PART 1 – REQUIRED MATERIAL

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

An administrative conference is required prior to an applicant submitting a formal annexation request. This meeting request is used for assessing the proposed annexation and potential constraints prior to applying for the formal annexation request. Also, due to the variability in the size and disposition of annexation requests, additional analysis and documentation required to process the formal annexation request can be identified.

- Completed application form**
- Application fee** *(Per most recently adopted fee resolution)*
- A written narrative:** *Identifying how the proposed annexation benefits the City; relates to the Comprehensive Plan; description of availability or public facilities; and compatibility with the surrounding area and the desired zoning.*
- Vicinity Map:** *No larger than 11x17; showing property lines, streets, and such other items pertinent to the request*

## PART 2 – APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
OWNER SIGNATURE:		DATE:
APPLICANT STATUS:	OWNER:	AGENT:
	CONTRACT BUYER:	ENGINEER:
	PLANNER:	OTHER:
APPLICANT NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
SIGNATURE:		DATE:

<b>GENERAL LOCATION OR ADDRESS IF AVAILABLE:</b>	
<b>LEGAL DESCRIPTION:</b>	
<b>TAX PARCEL NUMBER(S):</b>	
<b>COMPREHENSIVE PLAN LAND USE MAP/SECTOR PLAN DESIGNATION:</b>	
<b>EXISTING ZONING:</b>	<b>ADJACENT ZONING:</b>
<b>CURRENT LAND USE:</b>	<b>ADJACENT LAND USE:</b>

### **PART 3 – APPLICANT SIGNATURE(S)**

I (We) understand, do hereby request annexation and zoning classification of the property described in this application, and to certify that we have provided accurate information as required by this form to the best of my (our) ability.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature (s): \_\_\_\_\_  
 \_\_\_\_\_