



GENERAL PRE-APPLICATION MEETING REQUEST

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: N/A Permit # _____ Project# _____

PART 1 – REQUIRED MATERIAL

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

Such request is in order for an applicant to receive general feedback prior to formal application submittal.

- Completed Application**
- One copy of proposed plans - (Electronic copy is preferred)**
- Narrative – describing the project**

PART 2 – APPLICATION INFORMATION

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

GENERAL LOCATION OR ADDRESS IF AVAILABLE:	
LEGAL DESCRIPTION:	
DESCRIPTION OF REQUEST:	
EXISTING ZONING:	ADJACENT ZONING:
CURRENT LAND USE:	ADJACENT LAND USE:
SIZE OF SITE:	

PART 3 – APPLICANT SIGNATURE(S)

I (We) understand that the decision made by the City of Post Falls Planning Commission is final, unless appealed to the Post Falls City Council by myself, by adjoining property owners or by other affected persons. All the information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge. I hereby certify that I am the owner or contract buyer of the property upon which the variance is requested or that I have been vested with the authority to act as agent for the owner or contract buyer.

Dated this _____ day of _____, 20 _____.

Signature (s): _____
