



ZONING TEXT/MAP AMENDMENT APPLICATION

PFMC 18.20.170

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 # _____

PART 1 – REQUIRED MATERIAL

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

An Amendment of the Zoning Ordinance, including the Official Zoning Map, consists of amending, supplementing, changing or repealing of regulations, restrictions and/or boundaries.

- Completed application form**
- Application fee**
- A written narrative:** Including zoning, how proposal relates to Annexation Goals and Policies, and the impact on City services.
- A legal description:** in MS Word compatible format, together with a meets and bounds map.
- A report(s) by an Idaho licensed Title Company:** showing ownership of record, any interest of record, and a list of property owners of record within 300 feet of external boundaries of the subject property and mailing labels, provided by the Title Company.
- A vicinity map:** To scale, showing property lines, thoroughfares, existing and proposed zoning, etc.
- Public hearing notification:** *By a Title Company licensed in the state of Idaho, as to ownership of record and any interest of record in the subject property. Provide a report of property owners within 300 feet of the external boundaries of the proposed development. The applicant will incur a public hearing mailing fee in the amount of \$6.00 per hearing notice per property within the 300 feet radius. Applications are required to two (2) publication notices in the local newspaper and are \$300 per public hearing, of which can be paid at the time of application. *****NOTE***** if the notices are not paid at the time of application, the planning department will mail an invoice to the applicant for the public hearing mailing and publication fees; these fees must be paid before the application is place on the agenda.*
- Owner authorization:** If there is to be an applicant or consultant acting on the owner’s behalf.

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:
APPLICANT PHONE:	FAX:	EMAIL:
APPLICANT SIGNATURE:		DATE:

AMENDMENT INFORMATION:

SECTION(S) OF THE ORDINANCE TO BE AMENDED:		
PROPERTY LEGAL DESCRIPTION (ATTACH OR DESCRIBE):		
TAX PARCEL #:	EXISTING ZONING:	ADJACENT ZONING:
	CURRENT LAND USE:	ADJACENT LAND USE:
DESCRIPTION OF PROJECT/REASON FOR REQUEST:		

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAP AMENDMENT ACKNOWLEDGEMENT:

I (We) the undersigned do hereby make petition for a modification of the zoning classification of the property described in this petition, and do certify that we have provided accurate information as required by this petition form, to the best of my (our) ability.

Be advised that all exhibits presented will need to be identified at the meeting, entered into the record, and retained in the file.

DATED THIS _____ DAY OF _____ 20 _____
