CITY OF BONNERS FERRY

7232 Main Street
P.O. Box 149
Bonners Ferry, Idaho 83805
Phone: 208-267-3105 Fax: 208-267-4375

APPLICATION FOR REZONING

APPLICANT NAME:_____PHONE:_____

MAILING ADDRESS:_____

LEGAL DESCRIPTION: (attach if necessary) TOWNSHIP:_____RANGE_____

ADDITION:_____BLOCK:_____LOTS:_____

STREET ADDRESS OF PROJECT:_____

SIZE OF PROPERTY:_____(ft x ft) CURRENT ZONING:_____

WHAT ZONE BORDERS THE PROJECT SITE:

NORTH:_____
SOUTH:_____
EAST:_____
WEST:_____

WHAT CURRENT USES BORDERS THE PROJECT SITE:

NORTH:_____
SOUTH:_____
EAST:_____
WEST:_____

NOTE: If additional parcels are appropriate for rezoning along with the applicants please note on an attachment along with support letters if available from the associated properties owners.

SITE PLAN ATTACHEMENT:

a. show location of structures on property with dimensions

b. show location of signs and outdoor lighting if applicable

c. show entrances onto City streets and names of streets

d. indicate property lines

BUSINESS INFORMATION: (if applicable)

a. proposed business name_____

b. description of business_____

c. _____

LETTERS OF COMMENT: please attach to application

STATEMENTS ATTACHEMENT: (address the following)

a. Full description of proposed use (be specific)

b. How does the requested use conform with the area's land use?

c. Would the requested use adversely affect the public interest? And why.

THE DATE OF THE PLANNING AND ZONING COMMISSION HEARING WILL BE ESTABLISHED UPON ACCEPTANCE OF A **COMPLETE** APPLICATION. AN APPLICATION WILL BE CONSIDERED COMPLETE WHEN ALL OF THE REQUESTED INFORMATION HAS BEEN SUBMITTED. I ALSO UNDERSTAND THAT THE DECISION MADE BY THE CITY PLANNING AND ZONING COMMISSION IS ONLY A RECOMMENDATION TO THE CITY COUNCIL, WHICH HAS THE FINAL DECISION CONCERING MY REQUEST.

I UNDERSTAND THAT ALL LOCAL, STATE, AND FEDERAL PERMITS WILL BE APPLIED FOR SEPERATELY. (I.E. BUILDING, ELECTRICAL, PLUMBING, ETC..)

ALL THE INFORMATION, STATEMENTS, ATTACHMENTS, AND EXHIBITS TRANSMITTED HERE WITHARE TRUE TO THE BEST OF MY KNOWLEDGE.

_____
SIGNATURE

_____
PRINTED NAME

_____
DATE

_____
PHONE NUMBER

CHECKLIST

Date Given

_____Special Use Permit Application

_____Chpt. 5 Special Use Permits

Date Received

_____Name, Address and Phone Number

_____Legal Description of Property

_____Description of Existing Use

_____Zoning District

_____Description of Proposed Special Use

_____Site Plan (Sec. 5.4 #6)

_____Effects of the Adjoining Property (Sec. 5.4 #7)

_____Fees (Publication, Etc…)