



CITY OF IDAHO FALLS

PLANNING AND BUILDING DIVISION

P.O. BOX 50220
Idaho Falls, ID 83405-0220
www.ci.idaho-falls.id.us

Planning Department • (208) 612-8276

FAX (208) 612-8520

Building Department • (208) 612-8270

PETITION TO REZONE

Applicant Information			
Representing Company:			
Contact Name:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
Owner Information (If other than Applicant)			
Name:		Phone:	
Address:			
City:	State:	Zip:	
Property for Consideration			
Legal Description (i.e. Lot, Block, Subdivision, Division No. or attach a copy of the Meets & Bounds description when applicable):			
Current Zone:		Proposed Zone:	
Comprehensive Land Map Use:		Gross Area (Total Acres):	
Intent of Rezone			
1. Explain how the proposed change is in accordance with the City's comprehensive plan.			
2. What changes have occurred in the area to justify the request for a rezone?			

3. Are there existing land uses in the area similar to the proposed use?

4. Is the site large enough to accommodate required access, parking, landscaping, etc. for the proposed use?

Neighborhood Meeting (Prior to Planning Commission Hearing)

Will a neighborhood meeting be held prior to the Planning Commission meeting? If yes, where and when:

Signature of Applicant(s)

	Date:
	Date:

Checklist:

- _____ Completed Application Form
- _____ Affidavit of Legal Interest
- _____ Fees:
 - \$515.00 Filing Fee
 - \$230.00 Comprehensive Plan Amendment Fee

Received By: _____ Date: _____

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO

COUNTY OF BONNEVILLE

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I, _____, _____
(Name) (Address)

_____, _____ Being first duly sworn upon
(City) (State) Oath, depose and say:

Being the owner of record of the property described on the attached sheet, I grant permission to:

_____, _____
(Name) (Address)

To submit the following application pertaining to that property (check all that applies):

- Preliminary Plat
- Final Plat
- Variance
- Conditional Use Permit
- Planned Unit Development
- Comprehensive Plan Map Amendment
- Annexation
- Rezone to _____

I agree to indemnify, defend and hold the City of Idaho Falls and its employees harmless from any claims or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, 20____.

(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

Notary Public for Idaho

Residing at

My Commission Expires: _____