



511 Main St. | PO Box 130 | Idaho City, ID 83631
Phone (208) 392-4584

www.idahocity.municipalimpact.com
idahocityclerk@cityofic.org | idahocityoffice@cityofic.org | 4cityfolk@cityofic.org

IDAHO CITY PLANNING AND ZONING

ZONING MAP AMENDMENT *or* ZONING UPON ANNEXATION APPLICATION

{please include with this application any supporting documentation required, noting its inclusion where appropriate}

Applicant Information

1. Applicant (*print*): _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____ Contact Name and Title: _____

Phone: _____ Alt. Phone: _____ E-mail: _____

2. Is Applicant the owner of the Subject Property? Yes No . If not, please state the name and address of the owner together with the relationship of the applicant to the owner and include a notarized *Affidavit of Proprietary Interest* with this application.

3. Address and Legal Description of Subject Property: _____

4. Current Zoning of Property: _____

5. Proposed Zoning of Property: _____

6. Narrative statement describing the rationale for zoning the property as requested including indicating what public purposes would be served by this zoning and how it would better implement Idaho City's Comprehensive Plan: _____

7. Narrative statement describing any impact that this change in zoning would have on political subdivisions (such as school districts) providing public services: _____

8. A list of names and addresses of all property owners and residents within three hundred (300) feet of the external boundaries of the land being considered: _____

9. Application fee as established by City Council resolution: \$525 Date Paid: _____

10. Additional direct costs of Idaho City to process application, including publication, copying and mailing expenses: _____ Date Paid: _____

11. Five (5) copies of the application and one (1) electronic version.

Submitted By: _____

Signature: _____ Title: _____ Date: _____

Internal Use Only:

Application No. : _____

Date Received by Clerk: _____

Application: Complete / Incomplete

Date Completed:: _____