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## 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: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

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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.

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Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Internal Use Only:* \_\_\_\_\_

Application No. : \_\_\_\_\_

Date Received by Clerk: \_\_\_\_\_

Application: Complete / Incomplete

Date Completed:: \_\_\_\_\_