



PLANNING & ZONING ADMINISTRATION

700 Bank Street, Wallace, ID 83873-2348 Phone: (208) 752-8891 Fax: (208) 556-5135

APPLICATION FOR ZONE CHANGE

FILE NUMBER: _____ DATE ACCEPTED: _____ FEES: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____

TITLE HOLDER OF THE PROPERTY: _____

IF YOU DO NOT HOLD TITLE, WHAT IS YOUR INTEREST IN THE PROPERTY? _____

LEGAL DESCRIPTION (Attach if Necessary): _____ SEC: _____ TWP: _____ RNG: _____

Parcel #(s): _____

DIRECTION TO THE SITE (Be specific): _____

EXISTING ZONE: _____ PROPOSED ZONE: _____

EXISTING LAND USE: _____

PROPOSED LAND USE: _____

COMPREHENSIVE PLAN DESIGNATION: _____

- APPLICANT ATTACHMENTS:
- Narrative describing reasons for this zone change. Provide an evaluation of the compatibility of the proposal with surrounding land uses.
 - Proposed land use plan

- PLANNING OFFICE PROVIDES:
- Adjacent property owner's mailing list
 - Vicinity Map
 - Assessor's Map
 - Letters/Signatures from applicable agencies.

I understand the application process is subject to acceptance by the Shoshone County Planning Commission upon determination that this application is complete. I understand that the hearing dates are tentative and subject to the number of applications received; therefore, staff will determine the number of applications to be placed on the next available agenda. All the information, statements, attachments, and exhibits transmitted herewith are true to the best of my knowledge.

SIGNATURE: _____ DATE: _____