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# PLANNING & ZONING ADMINISTRATION

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

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