



City of Buhl

Planning & Zoning Department

ANNEXATION APPLICATION

APPLICATION DATE: _____

FEE: \$ _____

APPLICANT INFORMATION

Full Name: _____
Last First M.I.

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email: _____

Applicant
Signature: _____

REQUEST INFORMATION

1. The following is a request that the Real Property Located at (street address):

_____ and LEGALLY DESCRIBED as: _____

be ANNEXED into the City of Buhl, Idaho, and be included on the official Zoning Map.

2. Present zoning designation of property: _____

3. Present use of property: _____

4. Proposed use of property: _____

5. Total Land Area proposed for Annexation: _____

6. Inside City Limits: YES NO

7. Inside City Area of Impact: YES NO

APPLICANT CHECKLIST

Prior to acceptance/scheduling of the application, the applicant must provide the following:

1. The applicant must prove control of the property for which the request is being made by providing **ONE** of the following:

- Copy of Warranty Deed, **OR**
- Copy of Earnest Money agreement, **OR**
- Copy of Contract of Sale, duly acknowledged by **BOTH Buyer and Seller**

2. A site map to **SCALE** on an **8 1/2" x 11" paper** of the subject property showing the following:

- Property lines
- Existing infrastructure: i.e., streets, utilities, structures
- Existing zoning of subject property
- Zoning designation(s) of the adjacent properties of the subject property

3. A Detailed Written Statement on A Separate Sheet of Paper Containing:



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- The reason for the request
- A statement on:
 - How the proposed annexation and zoning change related to the Comprehensive Plan
 - Compatibility with the surrounding area; and
 - The intended use/development of the property

The Administrator reserves the right to not officially accept this application until total review is accomplished and all required information and fees a submitted. The date of the public hearing will be established by the Administrator upon the acceptance of a complete application.

OFFICIAL USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

PNZ HEARING DATE: _____

	YES	NO
APPROVED:	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
DENIED:	<input type="checkbox"/>	<input type="checkbox"/>

COUNCIL HEARING DATE: _____

	YES	NO
APPROVED:	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
DENIED:	<input type="checkbox"/>	<input type="checkbox"/>