



City of Buhl

Planning & Zoning Request Form

Contact Information

Date of Request	
Name	
Address of Proposed Request	
Phone	
Email	

Topic

<input type="checkbox"/>	Annexation
<input type="checkbox"/>	Appeal
<input type="checkbox"/>	Certificate of Occupancy
<input type="checkbox"/>	Conditional Use Permit
<input type="checkbox"/>	Lot Line Adjustment
<input type="checkbox"/>	Lot/Parcel Split
<input type="checkbox"/>	Rezone/Zoning Amendment
<input type="checkbox"/>	Subdivision
<input type="checkbox"/>	Vacation
<input type="checkbox"/>	Variance
<input type="checkbox"/>	Other:

Detailed Description of Request



City of Buhl

Planning & Zoning Request Form

Signature X _____

NOTE:
Allow 2 – 3 business days from the date
this application is received for completion of request.



OFFICIAL USE ONLY

Date Received

City Employee Initials