



City of Buhl

Planning & Zoning Department

REZONE APPLICATION

APPLICANT INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address

City *State* *ZIP Code*

Phone: _____ Email: _____

Applicant Signature: _____

Application Date: _____ **Application Fee:** \$ 400.00

REQUEST INFORMATION

1. Real Property Location:

Street Address

City *State* *ZIP Code*

2. Property Parcel Number: _____

3. Legal Description
(attach if necessary): _____

4. Present
Zoning Classification: _____

5. Proposed
Zoning Classification _____

6. Comprehensive Plan
Classification: _____

APPLICANT CHECKLIST

Before 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



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The site plan should provide necessary information to the Commission to determine if the proposed zone change aligns with the requirements of the Code and its intent.

3. A Brief Written Statement on A Separate Sheet of Paper Containing:
 - A statement on:
 - How the land uses in the requested zone are related to the Comprehensive Plan
 - Availability of public facilities such as streets, sewage, water, etc., to support the allowable uses
 - Compatibility of the allowable uses with the surrounding area

4. Application Fee; checks paid to the order of "City of Buhl"

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:			
P & Z HEARING DATE:			
APPROVED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DENIED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
COUNCIL HEARING DATE:			
APPROVED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DENIED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	