



City of Buhl

Planning & Zoning Department

201 Broadway Ave N Buhl, ID 83316

Phone: 208-308-9814

Fax: 208-543-2884

www.cityofbuhl.us

ZONING TITLE AMENDMENT APPLICATION

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____ Fax: _____

REPRESENTATIVE INFORMATION (IF APPLICABLE)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____ Fax: _____

REQUIRED SUBMITTAL MATERIALS

The following items must be included with the application at the time of submission:

- Completed Application**
- Application fee:** \$ _____ Payable to the City of Buhl.
- Detailed Written Statement** explaining the reason for the requested amendment.
- Copy of Current City Code** showing the proposed changes.
- Explanation** of how the proposed amendment complies with the City of Buhl’s Comprehensive Plan. describing the proposed development
- If the proposed amendment is not in conformance with the Comprehensive Plan, a request for a Comprehensive Plan Amendment is required before amending the city code.**

APPLICANT ACKNOWLEDGEMENT

I understand that:

1. This application is subject to acceptance by the City of Buhl upon determination that the application is complete.
2. This application is subject to a public hearing before the City of Buhl Planning and Zoning Commission and City Council.
3. The information provided in this application, and all submitted material, is accurate and complete to the best of my knowledge.

Applicant/Representative Signature _____
Date

The Administrator may withhold acceptance of this application until all required materials and fees are submitted. Additional notification may be required depending on the scope of the request. Once deemed complete, a public hearing will be scheduled before the Planning & Zoning Commission.

OFFICIAL USE ONLY:

FEE AMOUNT \$ _____ CASH CHECK NO. _____ CREDIT/DEBIT

DATE OF SUBMITTAL: _____

RECEIVED BY: _____

P & Z HEARING: _____ Approved? Yes No

COUNCIL HEARING: _____ Approved? Yes No