



# City of Buhl

## Planning & Zoning Department

### ZONING TITLE AMENDMENT APPLICATION

**FEE: \$400.00 (inside city limits)**

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### APPLICANT REPRESENTATIVE INFORMATION (OTHER THAN ABOVE)

Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### REQUEST INFORMATION

1. The following is a request that the ZONING ORDINANCE for the City of Buhl, Idaho be AMENDED as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Submit the section of the current CITY CODE showing the proposed changes.

3. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:

- The reason for the request

NOTE: A request for a Comprehensive Plan Amendment is required for a request that is **NOT** in conformance with the Comprehensive Plan.

**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.**



**City of Buhl**  
**Planning & Zoning Department**  
**ZONING TITLE AMENDMENT APPLICATION**

**OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**PLANNING AND ZONING COMMISSION**

PUBLICATION DATE: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

DECISION:     APPROVED                       DENIED

**CITY COUNCIL**

PUBLICATION DATE: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

DECISION:     APPROVED                       DENIED