



CITY OF FILER

Planning and Zoning-Building Department
300 Main Street, Filer, ID 83328
(208)326-5000 Phone/ (208) 326-5002 Fax
Email deputyclerk@cityoffiler.com

REZONE APPLICATION

PROPOSED NAME OF PROJECT/SUBDIVISION _____

ADDRESS, GENERAL LOCATION OF SITE _____

TYPE (RESIDENTIAL, INDUSTRIAL, COMMERCIAL) _____

IS THE PROPERTY LOCATED IN THE IMPACT AREA? Y ___ N ___

IS THE PROPERTY LOCATED IN THE CITY LIMITS OR BEING ANNEXED TO
UTILIZE COMPREHENSIVE LAND USE DESIGNATIONS- DENSITIES Y ___ N ___

ACRES OF LAND AND PRESENT LAND USE _____

PRESENT ZONING DISTRICT _____ PROPOSED ZONING DISTRICT _____

PRESENT COMPREHENSIVE LAND USE DESIGNATION _____

ARE THERE CITY SERVICES AT THE SUBJECT SITE? _____

APPLICANT: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

ENGINEER, SURVEYOR, PLANNER: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

OWNER (S) OF RECORD*: _____

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

*NOTE: If there is a sale pending on this property, please list buyer name, address & closing date: _____

I have read the information contained herein and certify the information is true and correct.

Signature of Applicant

Date

CONTENTS OF REZONE APPLICATION

(Incomplete applications will not be processed)

The owner of the property for which such rezone is processed shall file an application for rezone with the Planning and Zoning Administrator. The application shall contain the following information:

1. Completed and signed Application Form.
2. Proof of title of said owner (recorded warranty deed).
3. Notarized consent from titled owner of property. (If owner is a corporation, provide a copy of the Articles of Incorporation or other evidence to show that the person signing is an authorized representative).
4. Legal description (including metes & bounds) and map of subject property, including half of all adjoining rights-of way, railroads, highways which is signed and stamped by a land surveyor registered in the State of Idaho. Map shall reflect the boundaries as described in the legal description, including all descriptive call outs.
5. A statement describing the characteristics of subject property, which makes the zoning amendment property desirable.
6. A statement outlining the necessity or desirability of development pertaining to the zoning amendment, and its harmony with adjacent development.
7. A statement of how the proposed zoning amendment relates to the City of Filer Comprehensive Plan (please cite policy numbers).

8. Two (2) maps at scale of one-inch equals one hundred feet (1"=100') of the property concerning the zoning amendment. Also, an 11" X 17" in size.

9. Two (2) copies of the vicinity map at a scale of one- inch equals three hundred feet (1"=300'). This can be obtained from the County Assessor's Office upon request. 11" X 17" in size, shall also be submitted.

10. A listing of the mailing addresses of all property owners within three hundred feet (300') of the external boundaries of the land being considered and also the land within the boundaries being considered. This list must be obtained from the County Assessor's Office. Two sets of the addresses printed on single address labels for each addressee, with the list from the County Assessor's Office, shall be submitted to Planning and Zoning Administration.

NOTE:

IF THE CITY COUNCIL OR THE PLANNING AND ZONING ADMINISTRATOR DETERMINES THAT ADDITIONAL AND/OR REVISED INFORMATION IS NEEDED, AND OR IF ANY OTHER UNFORSEEN CIRCUMSTANCES ARISE, ANY DATES OUTLINED FOR THE PROCESSING MAY BE RESCHEDULED BY THE CITY. APPLICANT/ REPRESENTATIVE MUST ATTEND THE MEETINGS.

The City does not guarantee of public services provided by any agency. The developer, property owner and/ or applicant of this application does hereby release and indemnify and hold harmless the City of Filer from any and all claims, costs, etc., from any individual or organization regarding the acquisition of services that are not affiliated with the City, including but not limited to, water/sewer service and fire protection.

Signature of Applicant/ Representative: _____ Date: _____

City staff comments: _____

Re-Zone Application fee **\$500.00** plus all applicable costs.

Signature of receipt by City Staff: _____

Date: _____