



CITY OF TWIN FALLS
COMMUNITY DEVELOPMENT SERVICES
P.O. Box 1907
203 Main Avenue East
Twin Falls, ID 83303
PH: 208-735-7267 FAX: 208-736-2641

ANNEXATION

Date of the Application: _____

Application No.: _____

Fee: **\$200.00**

A. APPLICANT INFORMATION:

1. Name of applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Applicant Signature: _____

2. Name of Applicant's Representative (if other than above): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email Address: _____

B. REQUEST INFORMATION:

1. The following is a request that the Real Property Located at (street address):

and LEGALLY DESCRIBED as: _____

be ANNEXED into the City of Twin Falls, Idaho and be included on the official Zoning Map.

2. Present zoning designation of property: _____

3. Present use of property: _____

4. Proposed use of property: _____

5. Size of Land Area proposed for Annexation: _____

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

Cost of publication of an ordinance which implements this request is not included in the fee. The publication cost is the responsibility of the applicant. After ordinance approval by the City Council, the Times News will call the applicant with the cost and will publish only after receipt of payment. Your request is not final until publication of the implementing ordinance. Pursuant to State law, the implementing ordinance must be published within one month of passage to become effective.

C. PRIOR TO 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:
 - a. Copy of Warranty Deed, **OR**
 - b. Copy of Earnest Money Agreement **OR** Contract of Sale, duly acknowledged by **BOTH** Buyer and Seller.

2. Property Owner Notification

The applicant must provide a **consolidated list** of names and addresses of all property owners within the specified distance from the subject property perimeter as listed below.

The Director of Planning and Zoning may require notification to additional areas which may be impacted by the proposed change.

Zoning District of Subject Property	Notification Distance
AG, SUI, R-1 VAR, R2, R4, RM, OS	500 Feet
R-6, MHO-1, AP, CB, C1, CM, OT, RB, CSI	750 Feet
M-1, M-2	1000 Feet

The property owner mailing list may be obtained from either of the following:

- a) Twin Falls County Assessor's Office: 630 Addison Avenue West, Twin Falls, ID 83301 **OR**
 - b) A Title Company of your choosing.
3. A vicinity/area map to **SCALE** on an **8 ½" x 11" paper**, of the subject property showing the following:
 - a. Property lines
 - b. Existing infrastructure, ie; streets; utilities, structures
 - c. Existing zoning of subject property
 - d. Zoning designation(s) of the adjacent properties
 4. Provide a **Detailed** Written Statement On A Separate Sheet Of Paper Containing:
 - a. The reason for the request
 - b. A statement on:
 - i. How the proposed annexation and zoning change related to the Comprehensive Plan;
 - ii. Compatibility with the surrounding area; and
 - iii. The intended use/development of the property

OFFICIAL USE ONLY:

COMMISSION HEARING:

PUBLISH DATE: _____

HEARING DATE: _____

COUNCIL HEARING:

PUBLISH DATE: _____

HEARING DATE: _____