



**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

**WAIVER OF A  
 NON-CONFORMING BUILDING EXPANSION PERMIT**

Date of the Application: \_\_\_\_\_

Application No.: \_\_\_\_\_

**Fee: \$ 100.00**

**A. APPLICANT INFORMATION:**

1. Name of applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**B. REQUEST INFORMATION:**

1. The following is a request that a Waiver of a NON-CONFORMING BUILDING EXPANSION PERMIT be granted for the Real Property Located at (legal street address):  
 \_\_\_\_\_

2. Existing Zoning District: \_\_\_\_\_ Existing Building Size: \_\_\_\_\_ Proposed Expansion size: \_\_\_\_\_

**C. PRIOR TO ACCEPTANCE/SCHEDULING OF THE APPLICATION THE APPLICANT MUST PROVIDE THE FOLLOWING:**

1. A site plan, drawn to **SCALE** on an **8 1/2" x 11" paper**, which shall meet or exceed the required information as shown on the attached site drawing and shall include the following:
  - a. Location of all existing **and** proposed buildings; show how the existing building is non-conforming
  - b. Proposed expansion
2. Provide a **Detailed** Written Statement On A Separate Sheet Of Paper Containing:
  - a. The reason for the expansion
  - b. Why this building is non-conforming.
  - c. What you feel the effects will be on adjoining property
  - d. How you feel this non-conforming expansion is in general compatibility with the adjacent and other properties in the neighborhood

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**OFFICIAL USE ONLY:**

**COUNCIL HEARING: (ONLY)**

**PUBLISH DATE:** \_\_\_\_\_ **NOT PUBLISHED**

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

