



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

NON-CONFORMING BUILDING EXPANSION PERMIT

A pre-application meeting with staff must occur prior to acceptance of any applications.

Pre-App Meeting Date: _____

Date of the Application: _____

Application No.: _____

Fee: **\$50.00**

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 a NON-CONFORMING BUILDING EXPANSION PERMIT be granted for the Real Property Located at (street address):

and LEGALLY DESCRIBED as: _____
for the proposed use of: _____
2. Present use of property: _____
3. Existing Zoning District: _____
4. Project Land Area Size: _____
5. Existing Building Size: _____
6. Proposed Building Expansion Size: _____

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, **OR**
 - c. Copy of Lease Agreement **AND** Owner's Written Consent.

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 site plan, drawn to **SCALE** on an **8 ½" x 11" paper**, which shall meet or exceed the required information as shown on the attached site drawing(s).

Note: If new buildings are proposed, **elevations are required.**

4. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:
 - a. The reason for the request;
 - b. An explanation of the project, including:
 - i. Hours of operation;
 - ii. Traffic anticipated;
 - iii. Number of employees, etc.
 - c. An evaluation of the effects on adjoining property including the effect of such elements as:
 - i. Noise;
 - ii. Glare;
 - iii. Odor;
 - iv. Fumes and vibration on adjoining property; with
 - v. A discussion of the general compatibility with adjacent and other properties in the district.

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OFFICIAL USE ONLY:

COMMISSION HEARING:

PUBLISH DATE: _____

HEARING DATE: _____

COUNCIL HEARING (upon appeal):

PUBLISH DATE: _____

HEARING DATE: _____

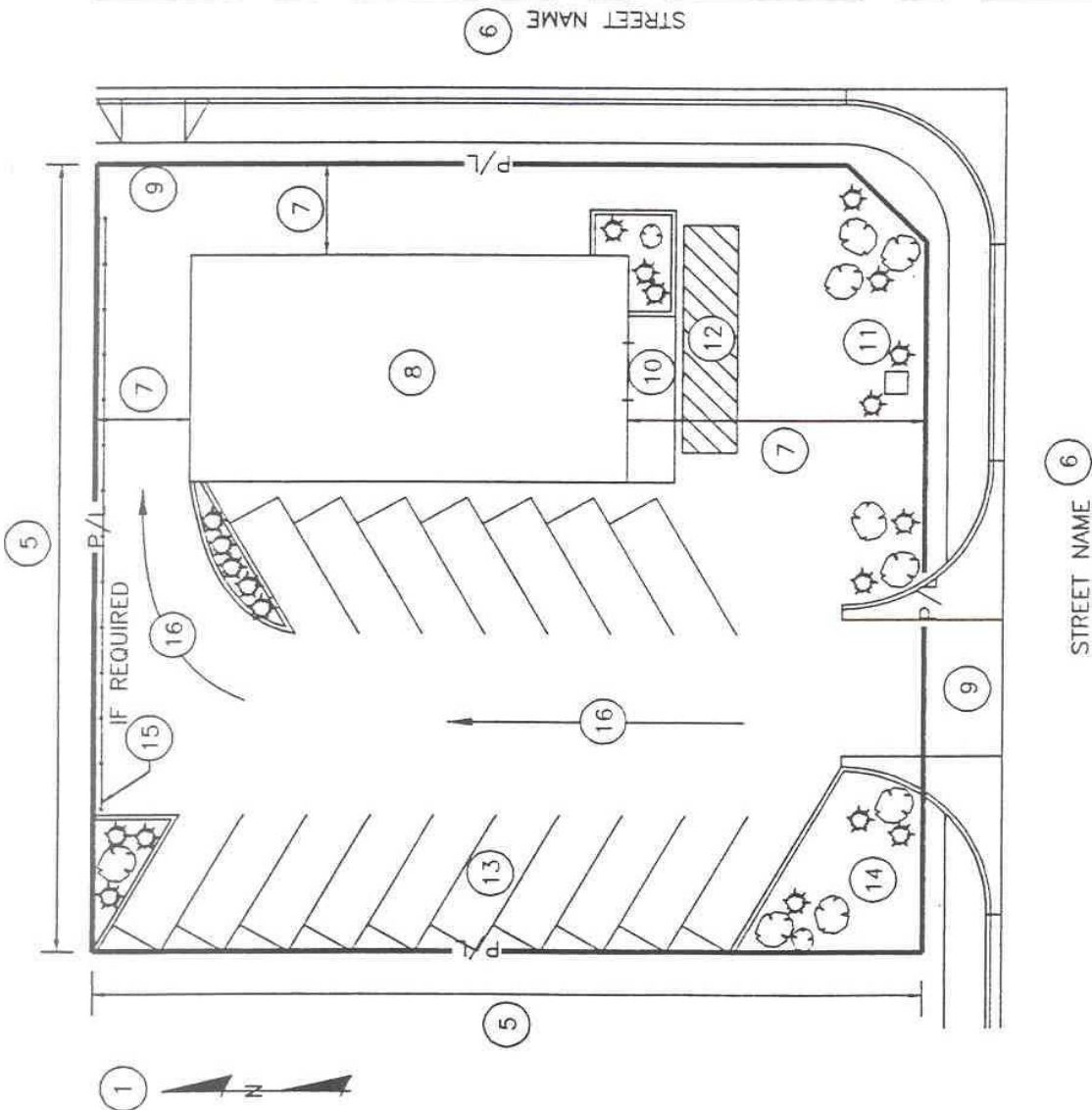
REQUIRED INFORMATION

- 1 NORTH ARROW
- 2 SCALE OF DRAWING
- 3 LEGAL DESCRIPTION
- 4 OWNERS NAME, ADDRESS & PHONE NUMBER
- 5 PROPERTY LINE & LOT DIMENSION
- 6 STREET NAME
- 7 SET BACKS—FROM PROPERTY LINES—FRONT, BACK, SIDE
- 8 LOCATION OF ALL BUILDINGS, SQUARE FOOTAGE & DIMENSIONS
- 9 ACCESS — DRIVEWAY OR ARTERIAL IF REQUIRED
- 10 FRONT ENTRANCE
- 11 SIGN — LOCATION & SIZE
- 12 FIRE LANES
- 13 PARKING PLAN, N SPACES SHOWN & N SPACES REQUIRED
- 14 LANDSCAPING & SQUARE FOOTAGE
- 15 HEIGHT & TYPE OF FENCE
- 16 DIRECTION OF TRAFFIC FLOW

NOTE: DRAWING SIZE
8 1/2" X 11"

3 LOT# BLOCK#
SUBDIVISION NAME

4 JOHN DOE
ANY STREET
TWIN FALLS, ID



COMMERCIAL SITE PLAN

2 SCALE: 0" = 00'