



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

**ZONING DISTRICT CHANGE AND ZONING MAP AMENDMENT (REZONE)**  
*A pre-application meeting with staff must occur prior to acceptance of any applications.*

Pre-application Meeting Date: \_\_\_\_\_

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

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

**Fee: \$180.00 + (\$50.00 if in AOI)**

**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 REZONED from \_\_\_\_\_ ZONING DESIGNATION to \_\_\_\_\_ ZONING DESIGNATION
2. Present use of property: \_\_\_\_\_
3. Proposed Use of the Property: \_\_\_\_\_
4. Size of Land Area proposed for Rezone: \_\_\_\_\_

**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 1/2" x 11" paper**, of the subject property showing the following:

- a. Property lines
- b. Streets
- c. Existing zoning of subject property;
- d. Proposed zoning of subject property;
- e. Zoning district of the adjacent properties of subject property

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 zoning change relates to the Comprehensive Plan; and
  - ii. Compatibility with the surrounding area, and
  - iii. An explanation of the intended use/development of the property

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**OFFICIAL USE ONLY:**

COMMISSION HEARING:

PUBLISH DATE: \_\_\_\_\_

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

COUNCIL HEARING:

PUBLISH DATE: \_\_\_\_\_

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

BOARD OF COUNTY COMMISSIONERS:

(If property is located within the Area of Impact)

PUBLISH DATE: \_\_\_\_\_

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