



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

ADDITIONAL HEIGHT APPLICATION

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: \$500.00

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: _____
for the proposed use of: _____
2. Present use of property: _____
3. Existing Zoning District: _____
4. Project Land Area Size: _____
5. Project Building 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**
 - c. Contract of Sale, duly acknowledged by **BOTH Buyer and Seller.**
 - d. 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:

- Twin Falls County Assessor's Office: 630 Addison Avenue West, Twin Falls, ID 83301 **OR**
- A Title Company of your choosing.

3. A site plan to **SCALE** on an **8 1/2" x 11" paper**, of the subject property showing the following:
 - a. Detailed area map;
 - b. If new buildings are proposed, **color elevations are required.**
4. Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:
 - a. The reason for the request and impact to the surrounding area/properties.

OFFICIAL USE ONLY:

COMMISSION HEARING:

PUBLISH DATES: _____

HEARING DATE: _____

COUNCIL HEARING:

PUBLISH DATES: _____

HEARING DATE: _____