



City of Twin Falls  
 Community Development  
 203 Main Ave. E. (2<sup>nd</sup> floor)  
 P.O. Box 1907  
 Twin Falls, ID 83303-1907

**Contact Information:**  
 208-735-7267  
 tfplanning@tfid.org  
 www.tfid.org

## Project Coordination Request Form

The City of Twin Falls offers developers, builders, business owners, and property owners the opportunity to meet with staff from various departments to discuss local codes, ordinances, processes, and requirements for their projects.

The purpose of a Project Coordination Meeting is:

- For the applicant to become informed of the policies, plans and development requirements of the City of Twin Falls;
- For staff to review the general characteristics and concepts of a proposed project;
- For both staff and applicant to discuss the coordination of all necessary permits and procedures.

The intent of the Project Coordination Meeting is to save time and resources in the preparation of permit applications, and to ensure a smooth process for the review team. Project Coordination meetings **are not** to be an all-inclusive review process.

**Meetings are scheduled out at least one (1) week in advance to allow for staff preparation, depending on availability.**

<p><b>SUBMITTAL REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li>• Completed Project Coordination Meeting request form with explanation of proposal and land use, with detailed narrative.</li> <li>• Legible conceptual site plan.</li> <li>• Additional information such as preliminary building elevations and landscape plans are desired but not required.</li> <li>• Names and email contacts of all meeting attendees.</li> <li>• Documentation showing legally established use of the property.</li> </ul>
<p><b>PREFERRED MEETING PLATFORM</b></p> <p><input type="checkbox"/> Virtual      <input type="checkbox"/> In-Person</p>
<p><b>CITY STAFF CONTACT (IF APPLICABLE):</b></p>
<p><b>PROJECT INFORMATION</b></p> <p>Project Address and/or Parcel Number: _____</p> <p>Current Use: _____</p> <p>Proposed Use: _____</p>
<p><b>PROJECT CONTACT:</b></p> <p>Contact Name: _____</p> <p>Relation to Project: _____</p> <p>Phone: _____</p> <p>Email: _____</p>
<p><b>PROPERTY OWNER</b></p> <p>Owner Name: _____</p> <p>Phone: _____</p> <p>Email: _____</p>

**Meeting Attendees: (if applicable)**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, you acknowledge that the information provided on this request form is true and correct to the best of your knowledge:

(Applicant) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name Signature Date