



MASTER PUBLIC HEARING APPLICATION

GEM COUNTY DEVELOPMENT SERVICES

109 SOUTH MCKINLEY, EMMETT, IDAHO 83617 WWW.GEMCOUNTY.ORG PHONE: (208) 365-5144

TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY.)

- | | | |
|--|--|---|
| <input type="checkbox"/> APPEAL | <input type="checkbox"/> PLANNED COMMUNITY | <input type="checkbox"/> SUPPLEMENTAL AMENDMENT |
| <input type="checkbox"/> COMPREHENSIVE PLAN TEXT AMENDMENT | <input checked="" type="checkbox"/> REZONE | <input type="checkbox"/> VACATION |
| <input type="checkbox"/> COMPREHENSIVE PLAN MAP AMENDMENT | <input type="checkbox"/> SPECIAL USE PERMIT | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> DESIGN REVIEW | <input type="checkbox"/> SPECIAL USE PERMIT (MINERAL EXTRACTION) | <input type="checkbox"/> ZONING TEXT AMENDMENT |
| <input type="checkbox"/> DEVELOPMENT AGREEMENT | <input type="checkbox"/> SUBDIVISION, PRELIMINARY | |
| <input type="checkbox"/> PLANNED UNIT DEVELOPMENT | <input type="checkbox"/> SUBDIVISION, MODIFICATION | |

PROJECT NAME: _____

SITE INFORMATION:

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____

Subdivision Name (if applicable): _____

Lot: _____ Block: _____

Site Address: _____ City: _____

Tax Parcel Number(s): _____ Current Zoning: _____ Current Land Use: _____

PROPERTY OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

APPLICANT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

I certify this information is correct to the best of my knowledge.

Signature: (Owner)

Date

Signature: (Applicant)

Date

OFFICE USE ONLY

File No.:	Received By:	Date:	Fee:	Receipt No:
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REZONE SUBMITTALS AND CHECKLIST

(Not a business license or building permit)

GEM COUNTY DEVELOPMENT SERVICES

109 South McKinley, Emmett, Idaho 83617 Phone: (208) 365-5144

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No rezone shall be recommended for approval by the Commission or granted by the Board of Commissioners unless the following findings are made by the Commission or Board;

- a) The requested rezone complies with the Comprehensive Plan text and future land use map; **and**
- b) The requested amendment is not materially detrimental to the public health, safety, or welfare; **and**
- c) The subject property meets the minimum dimensional standards of the proposed zoning district; **and**
- d) The uses allowed under the proposed zoning district would be harmonious with and appropriate for existing or intended character of the general vicinity and that such uses would not change the essential character of the same area; **and**
- e) The effects of the proposed zone change upon the delivery of services by any political subdivision providing public services, including school districts, within Gem County's planning jurisdiction have been considered and no unmitigated adverse impacts upon those services will impose additional costs upon current residents of Gem County's planning jurisdiction.

PRESENT LAND USE: _____

PROPOSED LAND USE: _____

EXISTING ZONING CLASSIFICATION: _____

PROPOSED ZONING: _____

COMPREHENSIVE PLAN DESIGNATION: _____

Submittal Requirements:

FEE: A \$710.00 fee must accompany this completed application. (*Non-refundable*)

LETTER OF INTENT:

- Intended uses of property if Rezone approved.
- How the proposed rezone relates to the Comprehensive Plan (please refer to page and section numbers of the Comprehensive Plan).
- Availability of public facilities and compatibility with the surrounding area and quantifiable data that will verify that rezoning would not cause economic, social or physical stress on existing use surrounding areas.

LEGAL DESCRIPTION: A metes and bounds description or lot and block reference of proposed property.

DIGITAL COPY OF LEGAL DESCRIPTION. (.pdf or word document)

VICINITY SKETCH: A vicinity map, which is drawn to scale, must be attached showing the location of the property under consideration.

PROOF OF OWNERSHIP OR VALID OPTION HOLDER: Attach a recorded copy of your property deed, option agreement, quitclaim deed, or title report.

Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
LETTER OF INTENT		
LEGAL DESCRIPTION		
DIGITAL COPY		
VICINITY SKETCH		
PROOF OF OWNERSHIP		
PLAT MAP	N/A	
AERIAL PHOTO	N/A	
PROPERTY OWNERS WITHIN 300'	N/A	

The Administrator reserves the right to not officially accept this application until total review is accomplished and all required information is submitted.

The date of the public hearing will be established by the Administrator upon the acceptance of complete application.

Applicant's Signature _____ **Date:** _____

FOR OFFICE USE ONLY

APPLICATION COMPLETION DATE: _____ **COMMISSION HEARING DATE:** _____