



# 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.)

- APPEAL
- COMPREHENSIVE PLAN TEXT AMENDMENT
- COMPREHENSIVE PLAN MAP AMENDMENT
- DESIGN REVIEW
- DEVELOPMENT AGREEMENT
- PLANNED UNIT DEVELOPMENT
- PLANNED COMMUNITY
- REZONE
- SPECIAL USE PERMIT
- SPECIAL USE PERMIT (MINERAL EXTRACTION)
- SUBDIVISION, PRELIMINARY
- SUBDIVISION, MODIFICATION
- SUPPLEMENTAL AMENDMENT
- VACATION
- VARIANCE
- ZONING TEXT AMENDMENT

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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## VARIANCE SUBMITTALS AND CHECKLIST

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### Submittal Requirements:

**FEE:** A \$355.00 (plus \$25.00 per hour) fee must accompany this completed application. (Non-refundable)

**SITE PLAN/ EXHIBITS:** A plan that is drawn to scale that shows the property that is under consideration, location of all improvements and the specific information concerning the requested variance. Submit any other exhibit necessary to clearly demonstrate the proposed variance.

**LETTER OF INTENT:** A narrative statement demonstrating that the requested Variance conforms to the following standards:

- (1) That special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structure or buildings in the same district.
- (2) That a literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Ordinance.
- (3) That special conditions and circumstances do not result from the actions of the applicant.
- (4) That granting the Variance requested will not confer on the applicant any special privilege that is denied in this Ordinance to other lands, structures or buildings in the same district.

**PROOF OF OWNERSHIP:** Attach a copy of your property deed, option agreement, quit claim deed, or title report with a complete legal description.

**HEALTH DEPARTMENT APPROVAL** (If necessary).

**PLAT MAP:** Show property under consideration and surrounding properties.

**AERIAL PHOTO:** Show property under consideration and surrounding properties.

**(THE ABOVE ITEMS WILL BE PROVIDED BY THE DEVELOPMENT SERVICES OFFICE)**

### Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
SITE PLAN/EXHIBITS		
LETTER OF INTENT		
PROOF OF OWNERSHIP		
HEALTH DEPARTMENT APPROVAL		
PLAT MAP	N/A	
AERIAL PHOTO	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 A COMPLETE APPLICATION.

ANY PROPERTY OWNER WHO FEELS THE DECISION OF THE PLANNING AND ZONING COMMISSION ADVERSELY AFFECTS THEIR PROPERTY HAS THE RIGHT TO APPEAL THE DECISION TO THE BOARD OF GEM COUNTY COMMISSIONERS WITHIN 20 DAYS OF THIS HEARING.

The applicant is responsible to pay any County Engineer fees that are associated with the application.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*---FOR OFFICE USE ONLY---\*\***

APPLICATION COMPLETION DATE: \_\_\_\_\_ COMMISSION HEARING DATE: \_\_\_\_\_