



# 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 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 checked="" 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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## ZONING ORDINANCE TEXT AMENDMENT SUBMITTALS AND CHECKLIST

(Not a business license or building permit)

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No amendment to the Zoning Ordinance shall be recommended for approval by the Commission or granted by the Board of Commissioners unless the following finding is made by the Commission or Board;

- a. The requested amendment complies with the Comprehensive Plan.

REASON FOR REQUEST: \_\_\_\_\_

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### Submittal Requirements:

FEE: A \$850.00 (plus \$25.00 per hour) fee must accompany this completed application. *(Non-refundable)*

### LETTER OF INTENT:

- Intended uses and how the requested amendment complies with the Comprehensive Plan (please refer to page and section numbers of the Comprehensive Plan.
- Address the public need and benefit resulting from amending the Ordinance.

TEXT AMENDMENT: Exact text changes proposed in underline and strikeout format.

### Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
LETTER OF INTENT		
TEXT AMENDMENT		

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:** \_\_\_\_\_