



ZONING & BUILDING DEPARTMENT
 605 N. Capital Ave.
 Idaho Falls, ID 83402

(208) 524-7920
 Fax # (208) 529-1330

REZONE APPLICATION

Please e-mail application & all attached documents to bonnevillebuilding@gmail.com

NAME:		PHONE #:
		EMAIL:
ADDRESS:		
GENERAL LOCATION:		
LEGAL DESCRIPTION OF PROPERTY <i>(Attach if necessary):</i>		
ZONING CLASSIFICATION:	<i>Present</i>	<i>Proposed</i>
<i>Fee: will be determined upon review of application and must be paid 7 days prior to the hearing date</i>		

NARRATIVE: Attach a brief statement addressing the following:

1. How the land uses in the requested zone are related to the Comprehensive Plan.
2. Availability of public facilities such as streets, sewage, water, etc., to support the proposed uses.
3. Compatibility of the allowable uses with the surrounding area.
4. Attach a copy of the Legal Description for the proposed rezone, and a Preliminary Plat *(If Applicable)*

VICINITY SKETCH:

A vicinity map which is drawn to scale must be attached showing the location of the proposed rezone and surrounding area.

PROOF OF OWNERSHIP OR VALID OPTION HOLDER:

A copy of your property deed or option agreement must be attached.

Applicant Signature _____ Date _____

Owner Signatures *(If different from applicant):*

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.