

APPLICATION FOR REZONE/AMENDMENT TO ZONING

GENERAL INFORMATION

1. Applicant						
Name:				Telephone:		
	(home	address)				
Relationship to	affected prope	rty (please	check one):			
Owner Pu	rchaser Le	ssee	Other	(explain below)		
2. Owner of Af	fected Property	(if other th	nan applicant)			
Name:				Telephone:		
	(home	address)				
3. Location of						
	:					
	(Subdivision)			(block)	(lot)	
4. Current Zon	e:					
5. Size of Prop	erty (square fee	t or acres):				
C 11!- 4b!	property now us	ed?				

7.	How are the adjoining properties used?
	North:
	South:
	East:
	West:
8.	Are there any existing land uses in the general area similar to the proposed use? If yes what are they and where are they located.
9.	On what street(s) does the property have frontage?
10.	Why are you requesting a rezone to your property?
11.	What use, building or structure, is intended for the property?
12.	What changes have occurred in the area that justify the requested rezone?
13.	Any additional comments?

NOTE: WHEN AN APPLICATION HAS BEEN SUBMITTED, IT WILL BE REVIEWED IN ORDER TO DETERMINE COMPLIANCE WITH APPLICATION REQUIREMENTS. A HEARING DATE WILL BE SCHEDULE ONLY AFTER AN APPLICATION HAS BEEN ACCEPTED AS COMPLETE.

ADDITIONAL SUBMITTAL REQUIREMENTS: The Cascade City Council requires the following information for every application for annexation/rezone.

- 1. A recent vicinity map (8 $\frac{1}{2}$ x 11") at 1"=300' scale, showing the actual property and all adjacent properties.
- 2. Attach a composite legal description of the actual property which you wish to have rezoned on a separate page. All legal descriptions must be certified by a professional engineer or land surveyor registered by the State of Idaho.
 - a. Description submitted shall not have an area of closure greater than 1:5000.
- 3. Affidavit of Legal Interest (use attached form).

Signature:		
Applicant/Representative:		
Date:		