



CITY OF EMMETT REZONE SUBMITTALS AND CHECKLIST

CITY OF EMMETT

601 E. 3rd Street, Emmett, Idaho 83617 www.cityofemmett.org Phone: (208) 365-9569 Fax (208) 365-4651

No rezone shall be recommended for approval by the Commission or granted by the City Council unless they find that the requested rezone is in accordance with the adopted Comprehensive Plan.

PRESENT LAND USE: _____

PROPOSED LAND USE: _____

EXISTING ZONING CLASSIFICATION: _____ **PROPOSED ZONING:** _____

COMPREHENSIVE PLAN DESIGNATION: _____

Submittal Requirements:

FEE: A \$450.00 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).

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

DIGITAL COPY OF LEGAL DESCRIPTION.

SITE PLAN: 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, quit claim deed, or title report.

***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 ZONING STAFF)**

Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
LETTER OF INTENT		
LEGAL DESCRIPTION		
DIGITAL COPY		
SITE PLAN		
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 will be responsible for all publication fees involved with a rezone and change to the zoning ordinance map.

Applicant's Signature _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION COMPLETION DATE: _____ COMMISSION HEARING DATE: _____