



CITY OF EMMETT MASTER PUBLIC HEARING APPLICATION

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

TYPE OF APPLICATION: (Please check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> ANNEXATION | <input type="checkbox"/> DEVELOPMENT AGREEMENT | <input type="checkbox"/> SUBDIVISION, MODIFICATION |
| <input type="checkbox"/> APPEAL | <input type="checkbox"/> REZONE | <input type="checkbox"/> VACATION |
| <input type="checkbox"/> COMPREHENSIVE PLAN TEXT AMENDMENT | <input type="checkbox"/> SPECIAL USE PERMIT | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> COMPREHENSIVE PLAN MAP AMENDMENT | <input type="checkbox"/> SUBDIVISION, PRELIMINARY | <input type="checkbox"/> ZONING TEXT AMENDMENT |
| <input type="checkbox"/> DESIGN REVIEW | <input type="checkbox"/> SUBDIVISION, FINAL | |
| | <input type="checkbox"/> SUBDIVISION, COMBINED/MINOR | |

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: _____ Fax: _____

I consent to this application and allow City staff to enter the property for site inspections related to this application.

Signature: (Owner)

Date

APPLICANT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

I certify this information is correct to the best of my knowledge.

Signature: (Applicant)

Date

NOTE: THIS APPLICATION MUST BE SUBMITTED WITH THE APPLICABLE CHECKLIST (S).

OFFICE USE ONLY

File No.:	Received By:	Date:	Fee:	Receipt No.:
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