



**City of St. Maries**

*"On the Shadowy St. Joe"*

602 College Avenue, St. Maries, Idaho 83861

Phone 208-245-2577

Fax 245-6579

**For City Use Only**

Date Received: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Fee Received by: \_\_\_\_\_

Receipt No. \_\_\_\_\_

**APPLICATION FOR ZONING MAP AMENDMENT (ZONE CHANGE)**

(Please type or print plainly with blue ink)

**OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION: (if different than owner)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT STATUS:** Owner: \_\_\_\_\_ Agent: \_\_\_\_\_ Tenant: \_\_\_\_\_ Contract Buyer: \_\_\_\_\_

**ENGINEER: \_\_\_\_\_ SURVEYOR: \_\_\_\_\_ PLANNER: \_\_\_\_\_ OTHER: \_\_\_\_\_ (specify)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF PROJECT INTENT FOR MAKING APPLICATION:**

\_\_\_\_\_  
\_\_\_\_\_

**SITE INFORMATION:**

Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Adjacent Zoning: \_\_\_\_\_ Adjacent Land Uses: \_\_\_\_\_

Current Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Size of Site: \_\_\_\_\_

**ATTACH TO THIS APPLICATION:**

1. A narrative statement identifying how the proposed amendment relates to the Comprehensive Plan, availability of public facilities, and compatibility with the surrounding area.
2. A legal description of the property for the proposed zone change, evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company.
3. A vicinity map (no larger than 11x17) showing property lines, thoroughfares, existing/proposed zoning and other such items relevant to the application.
4. A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the property to be rezoned.

**APPLICATION CHECKLIST:** (to be completed by Staff)

YES	NO	Checked by: _____	Date: _____
		Completed Application.	
		Application Fee per most recently adopted Fee Resolution.	
		A narrative statement identifying how the proposed amendment relates to the Comprehensive Plan, availability of public facilities, and compatibility with the surrounding area.	
		A legal description of the property for the proposed zone change, evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company.	
		A vicinity map (no larger than 11x17) showing property lines, thoroughfares, existing/proposed zoning and other such items relevant to the application.	
		A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the property to be rezoned.	

The City has the authority to require any additional information necessary to render a fair decision on this request.

The application must be accompanied by a non-refundable filing fee per the most recently adopted Fee Resolution. The applicant shall also pay for all direct costs associated with processing the application including, but not limited to, plan review, postage, and the preparation of any necessary reports and findings. If the applicant fails to pay the direct costs in a timely basis, the City may suspend or terminate the processing of the application. The applicant may be required to sign a reimbursement agreement at the request of the City.

The applicant will be notified by the City as to the time and place of the hearing pertaining to this application. The applicant or his/her duly appointed representative must be present at the public hearing and prepared to present the application.

All exhibits presented will need to be identified at the hearing, will be entered into the record, and retained on file.

**REQUIRED CERTIFICATIONS**

**CERTIFICATION OF OWNER:**

I, \_\_\_\_\_, being duly sworn, attest that I have read and consent to the filing of this application as the owner of record of the area being considered in this application and I request and know the contents thereof to be true to the best of my knowledge.

Signed: \_\_\_\_\_  
(Owner)

*Notary to complete this section:*

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**CERTIFICATION OF APPLICANT: (if different than Owner)**

I, \_\_\_\_\_, being duly sworn, attest that I am the applicant of this request and know the contents thereof to be true to the best of my knowledge.

Signed: \_\_\_\_\_  
(Applicant)

*Notary to complete this section:*

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

(For multiple applicants or multiple owners, please submit multiple copies of this page.)