



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 TEXT AMENDMENT

(Please type or print plainly with blue ink)

APPLICANT INFORMATION:

Name: _____ Phone: _____ Fax: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

STATEMENT OF REASON FOR MAKING APPLICATION:

AMENDMENT REQUEST:

Code Section to be Amended: _____

Proposed Amendment: (brief synopsis) _____

ATTACH TO THIS APPLICATION:

1. A narrative statement that explains the proposed amendment and why it is necessary.
2. An analysis of how the proposed amendment conforms to the principles found within the Comprehensive Plan.
3. A statement of the perceived effects that the proposed change would have on the City's ability to deliver services (staffing, enforcement, added inspections, studies required, etc.).
4. A draft of the proposed text changes to the existing city code.

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 that explains the proposed amendment and why it is necessary.
		An analysis of how the proposed amendment conforms to the principles found within the Comprehensive Plan.
		A statement of the perceived effects that the proposed change would have on the City's ability to deliver services (staffing, enforcement, added inspections, studies required, etc.).
		A draft of the proposed text changes to the existing city code.

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.

CERTIFICATION OF APPLICANT:

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: _____