



375 1st Ave East, Wendell, ID 83355
208-536-5161 Fax 208-536-5527, cityclerk@wendell.id.gov

ZONING DISTRICT CHANGE APPLICATION

A. APPLICANT INFORMATION

1. Applicant(s)
names(s): _____
2. Mailing
Address _____
3. Phone / Cell
numbers _____
4. Email
address _____

B. REQUEST INFORMATION

1. The following is a request that the Real Property located at (street address):

and Legally Described as: _____
be Rezoned from _____ Zoning Designation to _____
Zoning Designation
2. Present use of property: _____
3. Proposed use of the property: _____
4. Size of Land Area proposed for rezoning: _____

C. PRIOR TO ACCEPTANCE/SCHEDULING OF THE APPLICATION THE APPLICANT MUST PROVIDE ALL OF THE FOLLOWING INFORMATION:

1. The applicant must prove control of the property for which the request is being made by providing the following:
 - a. Copy or Warranty Deed,
 - b. Copy of Earnest Money Agreement or Contract of Sale, duly acknowledged by both Buyer and Seller.
2. Property Owner Notification
 - a. The applicant must provide a consolidated list of names and addresses of all property owners within the specified distance from the subject property perimeter.
 - b. The property owner mailing list may be obtained from the Gooding County Assessor's Office: 145 7th Avenue East, Gooding, ID, 83330.
 - c. The completed list of names, addresses, and parcel numbers must be submitted with the completed application for your request to be scheduled for a public hearing.

D. A vicinity/area map to scale on a 8 1/2" x 11" paper, of the subject property showing the following:

1. Property lines
2. Streets
3. Existing zoning of the subject property
4. Proposed zoning if the subject property
5. Zoning District of the adjacent properties of the subject property

E. Provide a detailed written statement on a separate sheet of paper containing:

1. The reason for the request;
2. A statement on:
 - a. How the proposed zoning change relates to the Comprehensive plan
 - b. Compatibility with the surrounding area
 - c. An explanation of the intended use/development of the property

F. Provide a legal metes and bounds description of the property to be re-zoned. This is required in order for the application to be scheduled for a public hearing.

**A Filing Fee of \$300.00 must accompany this completed application.*

I hereby certify that I am the applicant named herein, and that I have familiarized myself with the rules and regulations with respect to preparing and filing this application, and that the foregoing statements and answers herein contained are in all respects true and accurate to the best of my belief.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

_____ Property Owner written authorization attached

_____ Addresses of property owners within 300' of site
(can be obtained from Gooding Co. Assessor)

_____ All required attachments

_____ \$300.00 Fee Receipt # _____ Date Paid _____

_____ Postage and Legal Notice Fees Receipt # _____ Date Paid _____

_____ Hearing Date: _____

Notice of Decision

Approved_____

Not Approved_____

Mayor_____

City Council_____

City Council_____

City Council_____

City Council_____

Additional comments and/or conditions
