



ZONING AMENDMENT APPLICATION

APPLICANT INFORMATION

NAME OF APPLICANT: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT NUMBER: (_____) _____

OWNERSHIP INFORMATION

NAME OF PROPERTY OWNER: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CONTACT NUMBER: (_____) _____

DESCRIPTION OF PROPERTY

ASSESSOR PARCEL NUMBER (BEGINS WITH RP): _____
SITE LOCATION: _____
SUBDIVISION NAME: _____ BLOCK: _____ LOT: _____

PROPOSED AMENDMENT

EXISTING ZONING DESIGNATION: _____
PROPOSED ZONING DESIGNATION: _____
EXISTING LAND USE: _____
FUTURE LAND USE DESIGNATION: _____
PROPOSED LAND USE DESIGNATION: _____

SUBMITTALS

- The following items must be submitted in order for the application to be processed.
1. Fee ~ \$300.00 for the first acre plus \$1.00 for each additional acre or portion thereof, not to exceed \$500.00, non-refundable fee.
 2. Legal Description ~ Metes and bounds description of the subject property.
 3. Assessor's Map ~ Map from the Assessor's Office showing subject property.
 4. A narrative that explains the proposed amendment and why it is necessary.
 5. An analysis of how the proposed amendment conforms to the principles found within the Comprehensive Plan. The Comprehensive Plan can be accessed online at www.co.nezperce.id.us

6. A statement of the perceived effects the proposed change would have on surrounding property owners and the County's ability to deliver services associated with the request.

APPLICANT'S CERTIFICATION

The Applicant(s) hereby certify (ies) that the information contained in this application is true and correct to the best of my/our knowledge. By submitting this application, you are entering a quasi-judicial process. As such, you must not discuss the application with any member of the Nez Perce County Planning and Zoning Commission or the Nez Perce County Board of Commissioners outside of the public hearing at which this matter will be heard.

Dated this _____ day of _____, 20____. _____
Signature of Applicant

The property owner hereby authorizes this application.

Dated this _____ day of _____, 20____. _____
Signature of Property Owner

FOR OFFICIAL USE ONLY:	
Date Submitted: _____	Received By: _____
Amount Paid: _____	Check/Money Order #: _____
Hearing Date: _____	Case Number: _____

NARRATIVE OF PROPOSAL
(Please provide a detailed description of your proposal)