



BOUNDARY COUNTY MAP AMENDMENT APPLICATION

FILE #:

P.O. Box 419, Bonners Ferry, Idaho 83805
Phone: (208) 267-7212

COMPREHENSIVE PLAN AND ZONE MAP AMENDMENT:

The applicant is requesting an amendment to the comprehensive plan map:	
From: (current designation):	To: (proposed designation):
The applicant is requesting an amendment to the official zoning map:	
From: (current zone):	To: (proposed zone):

APPLICANT INFORMATION:

Applicant/Landowner:		
Mailing Address:		
City:	State:	Zip:
Site Address:		
Phone:	Email:	

REPRESENTATIVE INFORMATION:

Representative's name:		
Company name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

ADDITIONAL APPLICANT/REPRESENTATIVE INFORMATION:

Name/Relationship to project:		
Company name:		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

TO BE COMPLETED BY COUNTY:

Zone District:	Overlay Zones:	<input type="checkbox"/> Airport <input type="checkbox"/> Flood	<input type="checkbox"/> Wetland <input type="checkbox"/> None	<input type="checkbox"/> Bonners Ferry ACI <input type="checkbox"/> Moyie Springs ACI	Received:
P&Z hearing:		BOCC hearing:			Receipt #:

PARCEL INFORMATION:

Parcel #'s:	Parcel acreage:
Current Use:	
What zoning districts border the project site?	
North:	East:
South:	West:
What are the current adjacent land uses?	
North:	South:
East:	West:
Within Area of City Impact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, which city?
Directions to the site:	
Proposed or existing roads serving the site are: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public & Private	
Name of street/highway serving the site:	

PROJECT DETAILS: (Use additional paper, if needed)

Explain the reasons for the requested zone change/comp plan amendment:
How does the proposed zone change or comp plan amendment relate to the adopted comprehensive plan policies?
How will the proposed amendment affect public services such as sewer, water, and roads? Will extensions be required?
Explain how the proposed map change is compatible with the surrounding area?
Will zone change involve a proposed development agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO

SITE INFORMATION:

Please provide a description of the following land features:
Topography (lay of the land):
Land cover (timber, pastures, etc):
Water courses (lakes, streams, rivers & other bodies of water):
Existing structures (size & use):

SERVICES:

Sewage disposal will be provided by:
<input type="checkbox"/> Existing community system – Provider & type of system:
<input type="checkbox"/> Proposed community system – Type & proposed ownership:
<input type="checkbox"/> Individual system – List type:
Water will be supplied by:
<input type="checkbox"/> Existing public or community system – Provider:
<input type="checkbox"/> Proposed community system – Type & proposed ownership:
<input type="checkbox"/> Individual well:

REQUIRED:

APPLICATION CHECKLIST:			
COPY OF DEED:	<input type="checkbox"/> Attached	ACCESS/EASEMENT DOCUMENTS:	<input type="checkbox"/> Attached
MAP OF AREA TO BE REZONED:	<input type="checkbox"/> Attached	APPLICATION FEE:	<input type="checkbox"/> Attached
LEGAL DESCRIPTION OF AREA TO BE REMAPPED/AMENDED:	<input type="checkbox"/> Attached		

Submit with application fees to:
Boundary County Planning & Zoning
P.O. Box 419
Bonners Ferry, ID 83805

I hereby certify that all the information, statements, attachments, and exhibits submitted herewith are true to the best of my knowledge. I further grant permission to Boundary County employees and representatives, elected or appointed officials to enter upon the subject land to make examinations, post the property or review the premises relative to the processing of this application.

Landowner's signature: _____ **Date:** _____

Landowner's signature: _____ **Date:** _____