

CARIBOU COUNTY PLANNING AND ZONING
159 SOUTH MAIN STREET ROOM 105
SODA SPRINGS ID 83276
(208)547-1780
ZONING MAP AMENDMENT APPLICATION
AMENDMENT NUMBER _____

Applicant name _____

Address _____ City _____ State ____ Zip _____

Phone numbers _____ Cell _____ Other _____
XX

Present land use zone: ___ANR ___HDR ___LDR ___LDRS ___HDRS ___C ___I

Legal Description of land being considered _____

Use reverse if more room is needed See Reverse _____

Proposed land use zone:___ ANR ___HDR ___LDR ___LDRS ___HDRS ___C ___I
XX

Please include the following:

1. A vicinity map showing property lines, roadways, canals, railways, wetlands and the adjoining property land use zone.
2. A list of all property owners and their mailing addresses who are within 300 feet of the external property boundaries of the land being considered
3. A statement of how the proposed zone change relates to the Comprehensive Plan, availability of public utilities and compatibility with surrounding areas.
4. A statement stating the reason for the desired zone change.

XX

The review of this information is subject to a fee set by resolution of the Board of County Commissioners. This information is subject to presentation to the Caribou County Planning and Zoning Commission at their regular meetings. Call the Planning and Zoning Office to reserve a place on their agenda. Any text that is desired to accompany the amendment must accompany this application at time of presentation.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of amendment does not presume to give authority to violate or cancel provisions of any parts of State Code or County Ordinance regulating zoning and land use.

Signed _____ Date _____
XX

OFFICIAL USE ONLY

Reviewed by Planning and Zoning Commission on the _____ Day of _____

Recommended ___ Denied ___ Tabled ___ Other _____

Reviewed by Board of County Commissioners on the _____ Day of _____

Approved ___ Denied ___ Tabled ___ Other _____

Signed _____ Date _____
P&Z Chairman

Signed _____ Date _____
Chairman Board of County Commissioners

