



APPLICATION FOR ZONING MAP AMENDMENT

Date of Application: _____

CITY OF FAIRFIELD / PLANNING & ZONING
407 Soldier Road / P.O. Box 336 / Fairfield, Idaho 83327

PROJECT NAME: _____

OWNER(s): _____ Phone #: _____

_____ Phone #: _____

Mailing Address: _____

Email: _____ Fax #: _____

DEVELOPER: _____ Phone #: _____

(if other than owner) Mailing Address: _____

Email: _____ Fax #: _____

**ENGINEER/
SURVEYOR:** _____ Phone #: _____

Mailing Address: _____

Email: _____ Fax #: _____

**PROPERTY
INFORMATION:** Location: _____

Current Land Use District: _____ Current Zoning District: _____

Proposed Land Use District: _____ Proposed Zoning District: _____

Number of Lots Affected: _____ Special Hazard Area(s): _____

FEES*:	Rezone fee: (Rezone fee is due with application)	\$ 300.00
	Publication: 2 public hearing notices & 1 ordinance	\$ 200.00 (approx.)
	Mailing: Number of addresses _____ x 2 x \$1.00 =	\$ _____
	Legal and/or Engineering Costs (Resolution 2008-03):	\$ _____

REQUEST:**
The Applicant(s) hereby request that the real property located at (street address): _____

_____ and legally described as: _____

_____ be REZONE On the official Zoning Map with a Zoning Designation of _____

Property Owner Consent:

By signature hereon, the property owner acknowledges that City Officials and/or employees may, in the performance of their functions, enter upon the property to inspect, post legal notices, and/or other standard activities in the course of processing this application, pursuant to Idaho Code §67-6507. The property owner is also hereby notified that members of the Planning and Zoning Commission and City Council are required to generally disclose the content of any ex parte discussion (outside the hearing) with any person, including the property owner or representative, regarding this application.

Signature: _____

