



OFFICE OF ADAMS COUNTY
Planning & Zoning Administrator

Wendy Green
P&Z Administrator
wgreen@co.adams.id.us
208-741-0228;
208-253-4561

Application for Rezone

Name (Please Print) _____

Address _____

Phone _____ Alternate Phone _____

General Location of Property _____

Legal Description of Property: (Attach additional pages if necessary)

Present Zone _____ **Proposed Zone** _____

Narrative: Attach a brief statement explaining the following:

1. How the land uses and requested rezone relate to the Comprehensive Plan;
2. Availability of public facilities and services such as streets, sewage, domestic water, and emergency services to support the proposed allowable uses;
3. Compatibility of the proposed uses with the surrounding area.

Vicinity Sketch: Provide a vicinity map drawn to scale showing the location of the property under consideration.

Proof of Ownership or Valid Option Holder: Attach a copy of your property deed or option agreement. **Signature** _____ **Date** _____

Fee \$ _____ must accompany this application.

FOR OFFICE USE ONLY	
Date Received _____	Commission Hearing Date _____
Receipt No. _____	Received By _____
Approved _____	Denied _____

Administrator will accept this application only when all required information has been submitted and review is completed. The date of the public hearing will be established by the Administrator upon the acceptance of a completed application.

This is not a business license or a building permit.