



**Adams County Planning & Zoning Commission**  
**Application for Rezone**

Meredith Greenwood,  
P&Z Administrator  
[mgreenwood@co.adams.id.us](mailto:mgreenwood@co.adams.id.us)  
208-566-2555;  
208-253-4106

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Location of Property \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present Zone** \_\_\_\_\_ **Proposed Zone** \_\_\_\_\_

Narrative: Attach a statement explaining the following:

1. How the land uses and requested rezoning relate to the Comprehensive Plan and Zoning Ordinance;
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 or recent aerial imagery showing the location of the property under consideration.

**Proof of Ownership:** Attach a copy of your property deed or option agreement.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee** \$1000 plus \$1000 retainer must accompany this application.

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

Administrator reserves the right to not officially accept this application until review is completed and all required information is submitted. The date of the public hearing will be established by the Administrator upon the acceptance of a completed application.