

Comprehensive Plan Amendment

JEFFERSON COUNTY PLANNING AND ZONING, 210 Courthouse Way Suite 170, Rigby, Idaho 83442

(208) 745-9220

Map change requests will be processed in conjunction with all other requests at the beginning of January following this submittal. The commission may take action before this time in the event the change is time sensitive or it has been at least 6 months since the last amendment date. Text amendments may be processed on an ongoing basis and do not need to wait six months between revisions.

SUBMITTALS:

1. Supporting Documents.
2. Proper Fee from Fee Schedule

APPLICANT:

Name:	Address:
City:	State:
Zip:	Telephone:

1. Does the amendment request(s) concern a specific property? YES _____ NO _____
2. Is this amendment request for a change in land use designation? YES _____ NO _____
3. Are you the owner or authorized agent of the property? YES _____ NO _____
4. Provide a description or a map of the area that this application affects.

5. Provide a reference to the section(s) of the Comprehensive Plan that you propose to amend, including the page-if applicable (i.e., Comp Plan, Page xx, Line xx).

6. Provide proposed amendatory language. Attach separate sheet(s) if necessary.

7. Explain the reason(s) for this amendment proposal. Attach separate sheet(s) if necessary.

8. Please describe how your proposed amendment meets the following selection criteria. Use a separate sheet(s) if necessary:

- a. Was this proposed amendment denied during a previous Comprehensive Plan review cycle:

Yes _____ No _____. If Yes, briefly explain why (if known):

_____.

b. Explain how the amendment advances the goals and policies of the Comprehensive Plan:

c. What are the cumulative effects of this proposed amendment to the Comprehensive Plan:

Applicant's Signature

Date

Property Owners Authorized Agent: If you are the property owner's agent, you are required to provide a notarized letter from the property owner authorizing submittal of this application.

I hereby certify that I have read and examined this application and know the same to be a true under penalty of perjury by the Laws of the State of Idaho and am authorized to make this application as the agent of the property owner.

Agent's Signature: _____

Date: _____

Print Name: _____

Phone: _____

OFFICE USE ONLY		Permit #:
Received By:		Date:
		Fee: