



# TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301  
Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

## CITY OF TWIN FALLS AOI NON-CONFORMING BUILDING EXPANSION PERMIT

A pre-application meeting with staff must occur prior to acceptance of any applications.

Pre-App Meeting Date: \_\_\_\_\_

Date of the Application: \_\_\_\_\_

Application No.: \_\_\_\_\_

Fee: \$640.97

### A. APPLICANT INFORMATION:

1. Name of applicant: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_

2. Name of Applicant's Representative (if other than above): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### B. REQUEST INFORMATION:

1. The following is a request that a NON-CONFORMING BUILDING EXPANSION PERMIT  
be granted for the Real Property Located at (street address):

\_\_\_\_\_

and LEGALLY DESCRIBED as: \_\_\_\_\_

for the proposed use of: \_\_\_\_\_

2. Present use of property: \_\_\_\_\_

3. Existing Zoning District: \_\_\_\_\_

4. Project Land Area Size: \_\_\_\_\_

5. Existing Building Size: \_\_\_\_\_

6. Proposed Building Expansion Size: \_\_\_\_\_

C. PRIOR TO ACCEPTANCE/SCHEDULING OF THE APPLICATION THE APPLICANT MUST PROVIDE THE FOLLOWING:

1. The applicant must prove control of the property for which the request is being made by providing ONE of the following:

- a. Copy of Warranty Deed, or
- b. Copy of Earnest Money Agreement or Contract of Sale, duly acknowledged by BOTH Buyer and Seller, or
- c. Copy of Lease Agreement AND Owner's Written Consent.

2. Property Owner Notification

The applicant must provide a **consolidated list** of names and address of all property owners within the specified distance from the subject property perimeter as listed below. *The Director of Planning and Zoning may require notification to additional areas which may be impacted by the proposed change.*

Zoning District of Subject Property	Notification Distance
AG, SUI, R-1 VAR, R2, R4, RM OS	500 Feet
R-6, MHO-1, AP, CB, C1, CM, OT, RB, CSI	750 Feet
M-1, M-2	1000 Feet

The property owner mailing list may be obtained from either the following:

- a. Twin Falls County Assessor's office: 630 Addison Ave West, Twin Falls, ID 83301 **OR**
- b. A Title Company of your choosing.

3. A site plan, drawn to SCALE on an 8 1/2" x 11" paper, which shall meet or exceed the required information as shown on the attached site drawing(s).

Note: If new buildings are proposed, elevations are required.

4. Provide a Detailed Written Statement On a Separate Sheet of Paper Containing:

- a. The reason for the request;
- b. An explanation of the project, including:
  - i. Hours of operation;
  - ii. Traffic anticipated;
  - iii. Number of employees, etc.
- c. An evaluation of the effects on adjoining property including the effect of such elements as:
  - i. Noise;
  - ii. Glare;
  - iii. Odor;
  - iv. Fumes and vibration on adjoining property; with
  - v. A discussion of the general compatibility with adjacent and other properties in the district.

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... **OFFICIAL USE ONLY:**

**P&Z COMMISSION HEARING:**

**PUBLISH DATE:** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_

**BOCC HEARING (upon appeal):**

**PUBLISH DATE:** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_