TWIN FALLS COUNTY PLANNING AND ZONING DEPARTMENT
630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301
Ph. 208-734-9490 • Fax 208-733-9645 • www.twinfallscounty.org

Date Received:
Fee: $250

Twin Falls Area of Impact
Administrative Zoning Use Permit

PROPERTY OWNER OF RECORD

Name:_____
Address:_____
City: _____
Phone:_____
Cell #:_____
Email:_____

APPLICANT / REPRESENTATIVE

Name:_____
Address:_____
City: _____
Phone:_____
Cell #: _____
Email:_____

GENERAL INFORMATION

☐ Residential Accessory Building ☐ Accessory Dwelling Unit ☐ All others

1. Provide Copy of Deed:
2. Project Site Address: _____ City_____ Zip code_____
3. Parcel Number: _____
4. Current Zoning District: _____
5. Present Use of Property: _____
6. Proposed Building Size: _____
7. Project Description: _____

_____
_____
_____
_____

8. Submittal Requirements:

    - Detailed documentation that demonstrates full compliance with the conditions listed within Title 10-6.
    - Written Project Description: explaining the reason for the request, general compatibility with other neighboring properties and possible impacts if approved. If applicable, please provide the hours of operation, anticipated amount of traffic, and number of employees.
    - Site Plan: Drawn to scale 11”x17” paper of the subject property (to include the following along with any additional requirements based on the requested land use:
        - Measurement Scale
        - Property lines
        - North Arrow
        - Street Names
        - If new buildings are proposed, color, and elevation are required.
        - Height of building
        - Distances from building to property lines and other buildings

9. Agency Comment Letters:
    - Twin Falls Canal Company
    - Fire Department
    - South Central Public Health
    - Twin Falls Highway District
    - (Airport Zone - Airport Advisory Board Approval-Setbacks-FAA Review-AP Overlay)

I hereby apply for the above permit and acknowledge that I have read this application and hereby certify that the information I have provided is correct.

_____ _____

Signature of Owner Date

_____ _____

Signature of Applicant or Representative Date