

ADMINISTRATIVE

Date of Acceptance:	
Accepted by:	
Fee paid:	
Receipt number:	

CITY OF MARSING ANNEXATION AND ZONING APPLICATION

1. General information:

Option:
eer:
ess:
State, Zip:
State, Zip: e:Fax:
ompleted application. Advertising costs plication will be billed to the applicant.

- 4. Notarized request for zoning amendment from titled owner, successor of said owner, valid title option holder, or contract purchaser with consent from the titled owner if not requested by title owner.
- 5. Legal description of property including all adjoining rights of way, railroads, roadways, highways and easements the full length of the property which is signed and stamped by a land surveyor registered in the State of Idaho.
- 6. Narrative: Attach a brief statement concerning the following:
 - * Description of present land use.

- * Description of proposed land use.
- * Statement describing the characteristics of subject property which make the zoning amendment desirable.
- * Statement outlining the necessity or desirability of development pertaining to the zoning amendment and its harmony with adjacent development.
- * Statement of how the proposed zoning amendment related to the City of Marsing Comprehensive Plan.
- 7. One map of scale of one inch equals one hundred feet of the property concerning the zoning amendment.
- 8. Vicinity Sketch: 20 copies of a vicinity map which is drawn to scale must be attached showing the location of the property under consideration.
- 9. Mailing addresses of all property owners, from authentic tax records of the Owyhee County Assessor, who are within three hundred feet of the external boundaries of the land being considered, and all property owners included within the boundaries of the property being considered on mailing labels, two (2) copies.
- 10. Proof of Ownership or Valid Option Holder: a copy of your property deed or option agreement should be attached.

I hereby certify that all information requested and as submitted is prepared to the best of my abil	ity
and knowledge and request that this application be processed for consideration.	

Signature of Applicant	

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