



Text Amendment Application

Submittal Date: _____

Name of Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Signature: _____ Date: ____/____/____

Name of individual to contact on behalf of Trust or LLC (if applicable): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Application Contact (if different than above): _____

***Application Contact will be the Planning Department's primary point of contact for questions related to the application.*

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Signature: _____ Date: ____/____/____

Ordinance to be amended: Subdivision Zoning Comprehensive Plan

Section title and number to be amended: _____

Fees: *Cost of additional noticing, recording fees, and other direct costs will also be assessed.* **FOR CITY USE ONLY**

Application.....	\$ 800.00
Publication cost (\$50.00 x 2)	\$ 100.00
Mailing (____ [public agencies] x 2) x (postage____ + .15 for paper, envelope & label x 2)	\$ _____
DO NOT COUNT DUPLICATES OR CITY OF HAILEY	
Total Due.....	\$ _____

The following items must be submitted with the application for the application to be considered complete (✓):

- _____ The new language proposed for the section to be amended.
- _____ A written explanation and summary of the specific objective of the proposed amendment.
- _____ An analysis of any related Goals or Policies of the Comprehensive Plan, citing sections, that may support or address the proposed amendment.
- _____ PDF files of all required documents
- _____ Names and address of all property owners within three hundred (300) feet of the exterior boundaries of the land being considered. Submit paper copy and electronically on formatted spreadsheet. Names and addresses can be obtained using the Blaine County map server <http://maps.co.blaine.id.us/> or from the Blaine County Assessor's office. Assistance can be provided by the Hailey Planning staff on request.
- _____ Other information as requested by the Planner:

City Use Only –
Certified Compete by: _____
Date: ____/____/____