NEW PLYMOUTH	Annexation	, Comprehens	sive Plan Change,
	Zo	ne Change Ap	plication
			•
JOAHO TUP	City of New Plymouth 301 N Plymouth Ave/PO E	3ox 158 New Plymouth, ID 836	55
	Phone: (208)278-5338 Fax	k: (208)278-5330	Aliabia Elliatta Connetana
Danielle Painter, Zoning clerk@npidaho.com	Administrator		Alishia Elliott, Secretary <u>deputyclerk@npidaho.com</u>
APPLICANT:			
Address:			
Mailing Address:			
Telephone:	Fax:	E-mail:	
FILING CAPACITY:			
Recorded p	roperty owner as of		(Date)
🗆 Purchasi	ing as of		(Date)
Leasing	property as of		(Date)
Authorized	agent of any of the fore	going, duly authorized in w	rriting.
	(Written auth	orization must be attached	.)
ENGINEER/ARCHITECT:			
Name:			
Address:			
LEGAL DESCRIPTION OF	PROPERTY AND PLOT PL	AN: Submit a drawing of prop	erty stamped by an
Idaho Engineer and a legal	description with metes and	d bounds. The drawing and leg	gal description shall be
submitted in such form as	to be acceptable to the Ida	ho State Tax Commission, Pay	ette County Clerk, Payette
County Treasurer and the F	Payette County Assessor.		
Size of Area:	acres, and/or	sq. ft.	
Description of Existing U	se:		
ZONING:			
Present:		Proposed:	
COMPREHENSIVE PLAN:			
Present:		Proposed:	

JUSTIFICATION:

State reason for requested action. ______

APPLICANT CERTIFICATION:		
	being first duly sworn, deposes and says tha	t he/she is
the applicant and knows the contents thereof	o be true to his/her knowledge.	
	Applicant's Signature	
Subscribed and sworn to before me this	day of20	·
	Notary Public for Idaho	
	Residing at:	
	My Commission Expires:	
OWNER CERTIFICATION:		
I have read and consent to the filing of this applica	ion as the owner of record of the property being	
	ion as the owner of record of the property being	
I have read and consent to the filing of this applica considered in this application. Name:		
considered in this application.		
considered in this application.		
considered in this application. Name: Address:	E-mail:	
considered in this application. Name: Address: Telephone: Fax: Owner's Signature:	E-mail:	
considered in this application. Name:Address:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:FILING FEES:	E-mail:	
considered in this application. Name: Address: Telephone: Fax:	E-mail:	
considered in this application. Name:Address:Fax:Fax:Fax:Fax:Fax:Fax:Fax:Fax:FILING FEES:	E-mail: Date:	
considered in this application. Name: Address: Telephone:Fax: Owner's Signature: FILING FEES:Annexation \$250.00	E-mail: Date:	
considered in this application. Name:Address:Fax: Telephone:Fax: Owner's Signature:Fax: FILING FEES:Annexation \$250.00Comprehensive Plan Change \$250	E-mail: Date:	
considered in this application. Name:Address:Fax: Telephone:Fax: Owner's Signature:Fax: FILING FEES:Annexation \$250.00Comprehensive Plan Change \$250Zone Change \$250.00	E-mail: Date:00	