



Neighborhood Meeting List Request

CITY OF KUNA PLANNING & ZONING, 763 West Avalon, Kuna, Idaho 83634 * www.kunacity.id.gov * (208) 922-5274 * Fax: (208) 922-5989

GENERAL INFORMATION:

If you are applying for one of the uses listed below, you must conduct a Neighborhood Meeting. This meeting allows neighbors to learn more about your project before the public hearing (Kuna Planning & Zoning will notify surrounding property owners of the hearing). All involved property owners within *300 feet of the subject property boundary need to be invited to your meeting.

According to Kuna City Code, the meeting must be held either on a weekend between 10 a.m. and 7 p.m., or a weekday between 6 p.m. and 8 p.m. Meetings cannot be conducted on holidays, holiday weekends, or the day before or after a holiday or holiday weekend. The meeting must be held at one of the following locations:

- The Subject Property;
- The nearest available public meeting place (Examples include fire stations, libraries and community centers);
- An office space within a 1-mile radius of the subject property.

The meeting cannot take place more than 6 months prior to acceptance of the application and the application will not be accepted before the neighborhood meeting is conducted. You are required to send written notification of your meeting, allowing a reasonable amount of time before your meeting for property owners to plan to attend.

Please fill out the supplied certification form and include it with your application so we have written record of your meeting. Contacting and/or meeting individually with residents will not fulfill Neighborhood Meeting requirements.

*PLEASE NOTE: A **\$20.00 FEE** IS REQUIRED FOR THIS SERVICE (CITY OF KUNA PROVIDES MAILING LABELS)

PROPOSED USE:

I request a neighborhood meeting list for the following proposed use of my property (check all that apply):

<u>APPLICATION TYPE</u>	<u>BRIEF DESCRIPTION</u>
<input type="checkbox"/> Subdivision (Sketch Plat and/or Prelim. Plat)	_____
<input type="checkbox"/> Conditional Use	_____
<input type="checkbox"/> Variance	_____
<input type="checkbox"/> Expansion of Extension of a Nonconforming Use	_____
<input type="checkbox"/> Zoning Ordinance Map Amendment	_____

SITE INFORMATION:

Location: Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____
 Subdivision Name: _____ Lot(s): _____ Block(s): _____
 Site Address: _____ Tax Parcel Number(s): _____

Please make sure to include **all** parcels & addresses included in your proposed use.

CURRENT PROPERTY OWNER:

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____

CONTACT PERSON (Mail recipient and person to call with questions):

Name: _____ Business (if applicable): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Fax: _____ Phone: _____ Cell: _____

OFFICE USE ONLY			
File No.:	Received By:	Date:	Stamped: