



# Neighborhood Meeting Mailing List Request Form

PO Box 13 | 751 W 4<sup>th</sup> Street | Kuna, ID 83634  
(208) 922-5274 | [www.KunaCity.ID.gov](http://www.KunaCity.ID.gov)



If you are applying for one of the uses listed below, you must conduct a Neighborhood Meeting *prior* to submission of your application. This meeting allows surrounding neighbors to learn more about your project prior to the public hearing (The Planning and Zoning Department will notify surrounding property owners of the public hearing). All property owners within a minimum of three-hundred (300) feet of the subject property boundary need to be invited to your meeting.

According to Kuna City Code (KCC) 5-1A-2, the meeting must be held on either a weekend between 10:00 AM and 7:00 PM, or a weekday between 6:00 PM and 8:00 PM. Meetings **cannot** be conducted on holidays, holiday weekends, or the day before/after a holiday or holiday weekend. The meeting must be held at one of the following locations:

- Subject property
- The nearest available public meeting place (i.e. Fire Stations, Libraries, and Community Centers)
- An office space within a 1-mile radius of the subject property

Meeting cannot take place more than two (2) months prior to acceptance of the application and the application will not be accepted if a Neighborhood Meeting has not been 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.

**Contacting and/or meeting individually with residents will NOT fulfill the Neighborhood Meeting requirements.**

\*\* There is a **\$20.00** fee if pre-printed mailing labels are requested from the Planning and Zoning Department\*\*

### Proposed Use:

<u>Application Type</u>	<u>Brief Description</u>
<input type="checkbox"/> Subdivision (Sketch Plat and/or Pre Plat)	_____
<input type="checkbox"/> Annexation	_____
<input type="checkbox"/> Rezone	_____
<input type="checkbox"/> Special/Conditional Use Permit	_____
<input type="checkbox"/> Variance	_____
<input type="checkbox"/> Comp. Plan Map Amendment	_____
<input type="checkbox"/> Comp. Plan Amendment	_____

**Site Information:** *(Please make sure to include all parcels & addressed included in your proposed use.)*

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parcel No(s): \_\_\_\_\_

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Total Acres \_\_\_\_\_

Lot Count: \_\_\_\_\_ No. of Blocks: \_\_\_\_\_

**Current Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative:**

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_