



Neighborhood Meeting Mailing List Request Form

PO Box 13 | 751 W 4th Street | Kuna, ID 83634
(208) 922-5274 | 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): _____

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: _____