

City of Driggs, Idaho  
60 S. Main Street | PO Box 48  
Driggs, ID 83422  
Ph: 208-354-2362  
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[www.driggsidaho.org](http://www.driggsidaho.org)



## Planning and Zoning Application

### PUD AMENDMENT

Owner's Name(s): \_\_\_\_\_

Applicant Name\*: \_\_\_\_\_

*\*A statement authorizing a representative to apply on behalf of the owner must accompany this form if applicable.*

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

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

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

Name of PUD: \_\_\_\_\_

Reason for Request (attach additional page if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach the current PUD Map and proposed PUD Map if applicable.

### REVIEW AND APPROVAL PROCESS

1. Upon acceptance of a complete application and project review is completed, the Planning and Zoning Administrator will schedule the request on the next available Planning & Zoning Commission agenda.
2. The City of Driggs will cause to be posted a public hearing notice in the newspaper and a notice posted within the property boundaries as required by Idaho State Law.
3. The Planning and Zoning Commission will hold a public hearing and vote to approve, approve with modifications, or deny the amendment request according to the criteria found in [section 14.5.9.G.3.c](#) of the Land Development Code.

**ACCEPTANCE**

The Planning & Zoning Administrator reserves the right to NOT officially accept this application until all required information and the application fee have been submitted.

The Planning & Zoning Administrator/Commission reserve the right to take photographs and/or videos of the property under consideration for as deemed necessary as an addendum to the file.

I hereby declare under penalty of perjury that this application form, and all information submitted as part of this application form is true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application form be incorrect or untrue, I understand that the City of Driggs may rescind any approval or sufficiency determination, or take other appropriate action.

As the owner/applicant, I have read and understand the application, review procedures, and responsibilities which accompany this application.

Applicant Signature: \_\_\_\_\_ Date

Owner Signature\*: \_\_\_\_\_ Date

*\*A statement authorizing the applicant to apply on behalf of the owner must accompany this form if applicable.*

**FEE: \$710**

**\*\*\*OFFICE USE ONLY\*\*\***

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Related Files: \_\_\_\_\_