



City of Bellevue
 115 E. Pine Street
 P.O. Box 825 Bellevue, ID 83313
 208-788-2128 Fax 208-788-2092

Text Amendment Application

Applicant Information		
Applicant Name: _____		
Mailing Address: _____		
Phone #: _____	Fax #: _____	Email: _____
Project Contact: (if different from above) _____		
Mailing Address: _____		
Phone #: _____	Fax #: _____	Email: _____
Project Description		
Ordinance to be Amended: <input type="checkbox"/> Subdivision <input type="checkbox"/> Zoning <input type="checkbox"/> Comprehensive		
Section title and number to be amended: _____		
Fees: \$600.00		
+ additional publication costs: _____		
Acknowledgement		
*This application is due no less than 15 days prior to the next regularly scheduled meeting date of the Bellevue Planning & Zoning Commission with all of the required material itemized in Chapter 19, Design Review, and Bellevue City Ordinance 86-03.		
The following items MUST be submitted with the application to be considered complete (v):		
_____ The new language proposed for the section to be amended		
_____ A written explanation and summary of specific objective of the proposed amendment.		
_____ An analysis of any related goals or policies of the Comprehensive Plan, citing sections that may support or address the proposed amendment.		
_____ PDF files of all required documents		
_____ Names and addresses of all property owners within three hundred (300) feet of the exterior boundaries of the land being considered. Submit paper copy and electronically on formatted spreadsheet. Names and addresses can be obtained using the Blaine County map server http://maps.co.blaine.id.us or from the Blaine County Assessor's office. Assistance can be provided by the Bellevue Planning staff upon request.		
_____ Other information as requested by the Planner.		
Applicant's Signature: _____		Date: _____
Official Use Only		
Date Received: _____ Check #: _____ CD Director Signature: _____		