

P.O. Box Z
132 Main Street N.
Kimberly, Idaho, 83341



Phone: 208-423-4151
Fax: 208-423-4297
www.cityofkimberly.org

APPLICATION FOR NONCONFORMING EXPANSION USE PERMIT

Date of Application: _____

A. **APPLICANT:**

1. Name: _____

Signature: _____

Address: _____

Telephone No: _____

2. Contact Person (If other than above): _____

Address: _____

Telephone No.: _____

FEE: \$ _____

B. **REQUEST:**

1. That a Non-conforming Use Permit be granted for the real property located at (street Address):

Legally described as: _____

2. Present use of Property: _____

3. Existing Zoning District: _____

C. **CONFORMANCE WITH COMPREHENSIVE PLAN:**

The request is in conformance with the Comprehensive Plan of the City of Kimberly, Idaho?
(___) yes (___)no.

If "no", explain: _____

A request for Comprehensive Plan Amendment is required for requests not in conformance with the Comprehensive Plan.

D. **THE APPLICANT SHALL SUBMIT THE FOLLOWING ADDITIONAL INFORMATION.**

1. The Applicant must prove control of the property for which the request is being made by providing one of the following:
 - a: Copy of Deed.
 - b: Copy of Earnest Money Agreement or Contract of Sale Duly Acknowledged by both Buyer and Seller.
 - c: Copy of Lease Agreement and Owner's Written Consent.
2. A list of names and addresses of all property owners and residents within three hundred (300) feet of the perimeter of the subject property. Must get list from Twin Falls County Assessor's office.
3. A plan to scale of the proposed site for the Special Use showing lot dimensions, location of all buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscape areas, refuse and service areas, utilities, signs, setbacks, fences, etc.
4. A written statement containing:

The evaluating costs of a total relocation of the non-conforming building or use to an appropriately zoned site.

 - a. The reason for the request.
 - b. Documentation demonstrating that the building or site is on a national, state, or local register of historic places or sites or that the requested Non-Conformance conforms to all of the following conditions:

Received by Staff _____ Date _____

