



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):		
<input type="checkbox"/> The new language proposed for the section to be amended		
<input type="checkbox"/> A written explanation and summary of specific objective of the proposed amendment.		
<input type="checkbox"/> An analysis of any related goals or policies of the Comprehensive Plan, citing sections that may support or address the proposed amendment.		
<input type="checkbox"/> PDF files of all required documents		
<input type="checkbox"/> Other information as requested by the Planner.		
Applicant's Signature:		Date: _____
Official Use Only		
Date Received:	Check #:	CD Director Signature: