



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		
<p>*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.</p> <p>The following items MUST be submitted with the application to be considered complete (v):</p> <p><input type="checkbox"/> The new language proposed for the section to be amended</p> <p><input type="checkbox"/> A written explanation and summary of specific objective of the proposed amendment.</p> <p><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.</p> <p><input type="checkbox"/> PDF files of all required documents</p> <p><input type="checkbox"/> Other information as requested by the Planner.</p>		
Applicant's Signature: _____		Date: _____
Official Use Only		
Date Received: _____ Check #: _____ CD Director Signature: _____		