

Neighborhood Meeting List Request

ADA COUNTY DEVELOPMENT SERVICES, 200 W. Front Street, Boise, Idaho 83702

www.adaweb.net | (208) 287-7900

GENERAL INFORMATION:

If you are applying for one of the uses listed below, you must conduct a Neighborhood Meeting. This meeting allows neighbors to learn more about your project before the public hearing (Ada County will notify surrounding property owners of the hearing). All involved Neighborhood Associations and property owners within **300, 1,000, or 2,640** feet of the subject property boundary need to be invited to your meeting. See ACC 8-7A-5C (1) & (2) for uses and districts requiring the 1000' or 2,640' notification.

According to Ada County Code, the meeting must be held either on a weekend between 10 a.m. and 7 p.m., or a weekday between 6 p.m. and 8 p.m. Meetings cannot be conducted on holidays, holiday weekends, or the day before or after a holiday or holiday weekend. The meeting must be held at one of the following locations:

- The Subject Property;
- The nearest available public meeting place (Examples include fire stations, libraries and community centers);
- An office space within a 1-mile radius of the subject property.

The meeting cannot take place more than 6 months prior to acceptance of the application and the application will not be accepted before the neighborhood meeting is conducted. You are required to send written notification of your meeting, allowing a reasonable amount of time before your meeting for property owners to plan to attend.

Please fill out the supplied certification form and include it with your application so we have written record of your meeting. Contacting and/or meeting individually with residents will not fulfill Neighborhood Meeting requirements.

*PLEASE NOTE: A FEE OF \$26.50 (Includes Tax) IS REQUIRED FOR THIS SERVICE (COUNTY PROVIDES MAILING LABELS)

PROPOSED USE:

I request a neighborhood meeting list for the following proposed use of my property (check all that apply):

| <u>APPLICATION TYPE</u> | <u>BRIEF DESCRIPTION (REQUIRED)</u> |
|--|-------------------------------------|
| <input type="checkbox"/> Subdivision (Sketch Plat and/or Prelim. Plat) | _____ |
| <input type="checkbox"/> Conditional Use | _____ |
| <input type="checkbox"/> Variance | _____ |
| <input type="checkbox"/> Expansion of Extension of a Nonconforming Use | _____ |
| <input type="checkbox"/> Zoning Ordinance Map Amendment | _____ |

SITE INFORMATION:

Location: Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____
Subdivision Name: _____ Lot(s): _____ Block(s): _____
Site Address: _____ Tax Parcel Number(s): _____
Current Zoning: _____

Please make sure to include **all** parcels & addresses included in your proposed use.

CURRENT PROPERTY OWNER:

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

CONTACT PERSON (Mail recipient and person to call with questions):

Name: _____ Business (if applicable): _____
Address: _____ City: _____ State: _____ Zip: _____
Fax: _____ Phone: _____ Cell: _____

OFFICE USE ONLY

| | | | |
|-----------|--------------|-------|----------|
| File No.: | Received By: | Date: | Stamped: |
|-----------|--------------|-------|----------|