



Planning & Zoning

HEARING REVIEW APPLICATION

Type of Review Requested (check all that apply) ★ Annexation/Deannexation STAFF USE ONLY: ☐ Appeal/Amendment File number(s): ▼ Comprehensive Plan Map Change ☐ Design Review ☐ Ordinance Amendment Project name: _____ □ Rezone ☐ Special Use Permit Date filed: Date complete: ☐ Subdivision- Preliminary Plat ☐ Subdivision- Final Plat Related files: ☐ Subdivision- Short Plat ☐ Time Extension ☐ Variance ☐ Other **Subject Property Information** Parcel Number(s): R340900000 Address: 11056 HWY 20 Subdivision: _____ Block: _____ Lot: ____ Acreage: ____ Zoning: _____ Prior Use of the Property: VACANT Proposed Use of the Property: RETAIL, OFFICE, STORAGE **Applicant Information:** Applicant Name: JEFF LIKES Phone: 208.514.2713 Address: 1119 STATE STREET City: EAGLE State: ID Zip: 83616 Email: JEFF@ALCARCHITECTURE.COM ____ Cell: _____ Owner Name: ______ Phone: _____ Address: _____ City: ____ State: ____ Zip: ____ Email: _____ Cell: _____ Agent Name: (e.g., architect, engineer, developer, representative) JEFF LIKES Address: 1119 STATE STREET City: EAGLE State: ID Zip: 83616 Email: JEFF@ALCARCHITECTURE.COM Cell: **Authorization**

Applicant Signature: Date: 11-15-2022

Print applicant name: JEFF LIKES