

City of Kuna Pre-Application Conference Request Form

PHONE: 208-922-5274

FAX: 208-922-5989

Proposed Date: _____

Proposed Time: _____

Staff will call to confirm

PRIMARY INFORMATION

For Office Use Only:

NAME: _____

FIRM: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT NUMBER: _____

EMAIL: _____ @ _____

DATE: _____

TIME: _____

STAFF: _____

ENGINEER: _____

EXISTING USE & ZONING

SITE ADDRESS: _____

CURRENT USE(S): _____

ASSESSORS DISTRICT PARCEL NUMBER OF ALL PARCELS: _____

PROPERTY OWNER? Y N

EXISTING ZONING: _____

EXISTING BUILDING SIZE: _____

PROPERTY SIZE: _____

OF EXISTING RESIDENTIAL UNITS: _____

DESCRIPTION OF PROPOSED PROJECT AND LAND USE

Annexation Proposed Zoning: _____

Subdivision: # existing lots: _____ # proposed lots: _____

Rezone: Proposed zoning: _____
For the following use(s): _____

Design Review: