

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

NAME: _____
 FIRM: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 CONTACT NUMBER: _____

For Office Use Only:

DATE: _____
TIME: _____
STAFF: _____
ENGINEER: _____

EMAIL: _____ @ _____

PROPERTY OWNER? Y _____ N _____

EXISTING USE & ZONING

SITE ADDRESS: _____
 CURRENT USE(S) _____
 ASSESSORS DISTRICT PARCEL NUMBER OF ALL PARCELS: _____

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: