



**CITY OF IONA**  
 3548 N. Main Street (208) 523-5600  
 Iona, Idaho 83427 [cityclerk@cityofiona.org](mailto:cityclerk@cityofiona.org)

## APPLICATION FOR ORIGINAL ZONING, REZONING, CONDITIONAL USE PERMIT, OR VARIANCE

**Iona City Code § 11-10-1 [Application Fee: \$150]**

Type of Action Sought:     Original Zoning to \_\_\_\_\_     Conditional Use Permit  
     Rezoning to \_\_\_\_\_      Variance (Iona City Code 11-14-1 *et seq.*)

**APPLICANT INFORMATION**

Applicant's Full Name: \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_  
 Is the Applicant the owner of the Property?  Yes  No (If, no, please include owner's consent, below)

**PROPERTY INFORMATION**

Subject Property (*attach pages if necessary*): \_\_\_\_\_  
 \_\_\_\_\_  
 Most Recent Deed Conveying the Property recorded in Bonneville County as Instrument # \_\_\_\_\_  
 Current Zone of Property:  A     R-A     R-1     R-T     R-2     C     I  
 Please explain the basis for the zoning action you seek (*attach pages if necessary*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify (or declare) under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.*

Signature: _____	Date: _____
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**OWNER'S CONSENT (if applicant is not the property owner)**

I, \_\_\_\_\_, own the real property that is the subject of this Application.  
 I hereby consent to this Application and the proposals herein.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
Accepted by: _____	Date: _____
<input type="checkbox"/> \$150 Fee Received	Application Number: <u>ZONE-</u> _____
<input type="checkbox"/> All Attachments Received	Commission Meeting: _____
<input type="checkbox"/> All Notice Provided	Council Meeting: _____