

**APPLICATION FOR ORDINANCE AMENDMENT**  
**City of Caldwell Planning and Zoning Department**  
**621 E. Cleveland Blvd., Caldwell, ID 83605**  
**Phone: (208) 455-3021**

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS, CITY, STATE, ZIP: \_\_\_\_\_

\* APPLICANT EMAIL: \_\_\_\_\_  
(\* Requested so we may email the applicant our Staff Report)

**ATTACHMENT:**

Copy of the proposed ordinance amendment

I understand this application will not be considered complete (nor will a hearing date be scheduled) until all required information has been submitted and verified for due process consideration. All the information, statements, attachments, and exhibits transmitted with this application are true to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEES: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Verification of Completeness By: \_\_\_\_\_ Date: \_\_\_\_\_