

## Valley County Planning and Zoning

PO Box 1350 • 700 South Main Street  
Cascade, ID 83611-1350



Phone: 208-382-7115  
Email: [cherrick@valleycountyid.gov](mailto:cherrick@valleycountyid.gov)

### DISCLAIMER

Pre-application meetings with Valley County Staff are required prior to submitting an application.

Please note that information provided in a pre-application meeting or over the phone does not guarantee approval by either the Planning and Zoning Commission nor the Valley County Board of Commissioners. Planning and Zoning staff cannot give you legal advice. You should seek the advice of an attorney if you have specific legal questions regarding the sufficiency of your application.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cynda Herrick".

Cynda Herrick, AICP, CFM  
Planning and Zoning Director

Valley County Code:

#### **9-5H-1: PREAPPLICATION CONFERENCE:**

A. Conference Required: Prior to the formal filing of an application, the applicant shall confer with the administrator or staff to obtain proper forms, information, and guidance.

B. Familiarity With Standards, Goals And Objectives: The applicant shall familiarize himself with the standards of this title, the goals and objectives of the comprehensive plan, and review procedure and submittal requirements, which will affect the proposal.

C. Meeting At Site Or Other Investigations: The preapplication conference may include a meeting at the proposed site and other investigations deemed necessary by the administrator or staff.

# Valley County Planning and Zoning Department

219 N. Main  
PO Box 1350  
Cascade, ID 83611  
www.co.valley.id.us  
cherrick@co.valley.id.us  
208-382-7115



## Reconsideration VCC 9-5H-13

TO BE COMPLETED BY THE PLANNING AND ZONING DEPARTMENT

☐ Check # \_\_\_\_\_ or ☐ Cash or ☐ Card

FILE # REC \_\_\_\_\_

FEE \$ 1,500.00

ACCEPTED BY \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

Submit application to the Valley County Planning and Zoning Director Herrick.

See Valley County Code 9-5H-13 for process.

**\*Application and fee must be submitted within 14 days after the date of the written decision.**

1. File Number of the original decision: \_\_\_\_\_

2. Date of the written decision that is being appealed: \_\_\_\_\_

3. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant must submit a detailed letter fully describing the request, addressing the following:

- ☐ File number of the original application.
- ☐ Date of the written decision that is being appealed.
- ☐ Reason for reconsideration. Be specific.
- ☐ Specific deficiencies in the previous decision by the Board of County Commissioners.

### CONTACT INFORMATION

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

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

AGENT / REPRESENTATIVE \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

*The reconsideration will not be accepted unless all applicable items are submitted and complete.*