



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE ID 83701-0500

CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Neighborhood Meeting Summary Form

Applicant Information

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Applicant's Email Address: _____

Development Proposal Information

Proposed Development Address: _____

Proposed Development Proposal: _____

Meeting Information

What was the date of your neighborhood meeting?

How many individuals attended the neighborhood meeting?

What drawings did you share with the neighbors at the meeting?

Site Plan

Landscape Plan

Elevations

Mobility Plan

Other What other drawings did you share? _____

Did you receive any feedback at the neighborhood meeting regarding your project?

Yes

No

What feedback did you receive?

Did you receive any feedback at the neighborhood meeting that may not be directly applicable to the proposed project but was expressed during the meeting? An example might be regarding a cross walk, bus stop or other improvement near the project site.

Yes

No

What feedback did you receive that may not be directly applicable to your site?



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Did you receive any feedback outside of the meeting via telephone or email?

Yes

No

What feedback did you receive?

Will you make any changes to your application based upon the information and feedback that you received from the neighbors? If yes, please explain what you will modify.

Yes

No

What do you plan to modify?
