



COMMUNITY DEVELOPMENT DEPARTMENT Planning & Zoning Division

Caldwell City Hall: 205 S 6th Avenue | Mail: PO Box 1179 Caldwell, ID 83606 | Phone: 208-455-3024
<https://www.cityofcaldwell.org/Departments/Community-Development/Building-Safety-Division>

Robin Collins, PCED, CBO | Community Development Director & Building Official

Master Land Use Application

This Master Land Use Application and specific land use checklists must be completed, with all required supplemental documents provided, prescreening passed, and fees paid for an application to be considered complete and accepted.

Hearing dates and codes utilized for review are based on the date is “complete and accepted”.

Failure to submit all requested items (in legible form) may delay the processing of your application.

APPLICATION LEGEND:

- * = Public hearing(s) required
- ** = May require public hearing
- *** = City Council consent agenda

All others are considered Administrative Staff Level Reviews

I. Application Requests (check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Admin Director Determination | <input type="checkbox"/> Lot Split (Administrative) | <input type="checkbox"/> Subdivision (Prelim) Plat* |
| <input type="checkbox"/> Administrative Development Review ² | <input type="checkbox"/> Lot Split (Simple) | <input type="checkbox"/> Subdivision (Final) Plat*** |
| <input type="checkbox"/> Alternative Method of Compliance | <input type="checkbox"/> Manufactured Home Community* | <input type="checkbox"/> Subdivision (Short) Plat* |
| <input type="checkbox"/> Annexation w/Zoning* | <input type="checkbox"/> Mobile Food Unit (Individual) | <input type="checkbox"/> Subdivision Plat Modification** |
| <input type="checkbox"/> Business License (Permit) | <input type="checkbox"/> Mobile Food Unit Park / Court | <input type="checkbox"/> Subdivision Plat (Time Extension) |
| <input type="checkbox"/> Certificate of Appropriateness* | <input type="checkbox"/> Modification to Conditions of Approval** | <input type="checkbox"/> Subdivision Plat (Renewal) |
| <input type="checkbox"/> Comprehensive Plan (Map) Amendment* | <input type="checkbox"/> Outdoor Dining Permit | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Comprehensive Plan (Text) Amendment* | <input type="checkbox"/> Parcel Consolidation | <input type="checkbox"/> Traffic Impact Study Review |
| <input type="checkbox"/> Deannexation* | <input type="checkbox"/> Performance Bonding | <input type="checkbox"/> Vacation (Easement)* |
| <input type="checkbox"/> Design Review** | <input type="checkbox"/> Planned Unit Development (New)* | <input type="checkbox"/> Vacation (Plat Note) * |
| <input type="checkbox"/> Development Agreement (New)* | <input type="checkbox"/> Planned Unit Development (Modification)** | <input type="checkbox"/> Vacation (ROW) * |
| <input type="checkbox"/> Development Agreement (Modification)** | <input type="checkbox"/> Public Art / Mural | <input type="checkbox"/> Variance* |
| <input type="checkbox"/> Development Agreement (Termination)* | <input type="checkbox"/> Rezone* (Zoning Map Amendment) | <input type="checkbox"/> Zoning Ordinance Text Amendment* |
| <input type="checkbox"/> Home Occupation Permit (New) | <input type="checkbox"/> Signs ¹ | |
| <input type="checkbox"/> Home Occupation Permit (Renewal) | <input type="checkbox"/> Special Use Permit (New)* | |
| <input type="checkbox"/> Lot Line / Boundary Line Adjustment | <input type="checkbox"/> Special Use Permit (Modification)** | |

Footnotes:

¹Freestanding, post/pole, or monument signs less than 6' in height. All other signs must be submitted through the building department.

²Used when not associated with other land use applications, when revisions to an approved (non-subdivision development) is being proposed, or when the land use schedules indicate the requirement for Administrative Development Review.

II. General Project / Site Information

Project or Development

Name: (for business licensing, use business name)

Site Address(s):

Upload separate attached sheet if more than six (6) site addresses

Suite #s:

Parcel #s:

Total Acres:

Prior Use of Property:

Proposed Use of Property:

Current Zoning of Subject Parcel(s):
(check all that apply)

| | | | | | |
|-------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|---|
| <input type="checkbox"/> RS-1 | <input type="checkbox"/> C-1 | <input type="checkbox"/> M-1 | <input type="checkbox"/> D-CC | <input type="checkbox"/> A-D | <input type="checkbox"/> Property in County |
| <input type="checkbox"/> RS-2 | <input type="checkbox"/> C-2 | <input type="checkbox"/> M-2 | <input type="checkbox"/> C-CB | <input type="checkbox"/> C-D | |
| <input type="checkbox"/> -1 | <input type="checkbox"/> C-3 | <input type="checkbox"/> I-P | <input type="checkbox"/> T-N | <input type="checkbox"/> H-D | |
| <input type="checkbox"/> R-2 | <input type="checkbox"/> C-4 | | | <input type="checkbox"/> P-D | List County Designation: |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> H-C | | | | |

| | | | | | |
|---|------------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|
| Proposed Zoning of Subject Parcel(s): <i>(check all that apply)</i> | <input type="checkbox"/> No Change | <input type="checkbox"/> C-1 | <input type="checkbox"/> M-1 | <input type="checkbox"/> D-CC | <input type="checkbox"/> A-D |
| | <input type="checkbox"/> RS-1 | <input type="checkbox"/> C-2 | <input type="checkbox"/> M-2 | <input type="checkbox"/> C-CB | <input type="checkbox"/> C-D |
| | <input type="checkbox"/> RS-2 | <input type="checkbox"/> C-3 | <input type="checkbox"/> I-P | <input type="checkbox"/> T-N | <input type="checkbox"/> H-D |
| | <input type="checkbox"/> R-1 | <input type="checkbox"/> C-4 | | | <input type="checkbox"/> P-D |
| | <input type="checkbox"/> R-2 | <input type="checkbox"/> H-C | | | |
| | <input type="checkbox"/> R-3 | | | | |

| | | | | | | |
|--|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Select the Overlay District for the Subject Parcel(s): <i>(check all that apply)</i> | <input type="checkbox"/> Not in Overlay Zone | <input type="checkbox"/> ED-1 | <input type="checkbox"/> FP-1 | <input type="checkbox"/> HD-1 | <input type="checkbox"/> SO-1 | <input type="checkbox"/> UD-1 |
| | <input type="checkbox"/> APO-1 | | | <input type="checkbox"/> HD-2 | <input type="checkbox"/> SO-2 | <input type="checkbox"/> UD-2 |
| | <input type="checkbox"/> APO-2 | | | <input type="checkbox"/> HD-3 | <input type="checkbox"/> SO-3 | <input type="checkbox"/> UD-3 |

| | | |
|---|---|---|
| City of Caldwell Comprehensive Plan Designation of Subject Parcel(s): <i>(check all that apply)</i> | <input type="checkbox"/> Neighborhood 1 | <input type="checkbox"/> Downtown |
| | <input type="checkbox"/> Neighborhood 2 | <input type="checkbox"/> Mixed Use Center |
| | <input type="checkbox"/> Neighborhood 3 | <input type="checkbox"/> Community Center |
| | <input type="checkbox"/> Urban Neighborhood | <input type="checkbox"/> Special Purpose |

Is/Are Subject Parcel(s) located within an “Area Hub” as indicated within the City of Caldwell Comprehensive Plan?

Yes No

III. Applicant Information

Note: If applicant is an LLC, proof of authorized signer will be required from the Secretary of State.

Name:

Company Name:
(if applicable)

Mailing Address:

Phone: **Email:**

Email Address:

Applicants Relationship to Property Owner: Property Owner Authorized Agent/Representative
 Purchaser Petitioner (vacation requests only)

IV. Property Owners' Information *(if different from applicant)*

| | |
|------------------|--|
| Name: | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |
| Mailing Address: | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone: | <input type="text"/> |
| | Email: <input type="text"/> |

V. Contractor / Developer Information *(fill out, if applicable)*

| | |
|---|--|
| Name: | <input type="text"/> |
| Company Name: <i>(if applicable)</i> | <input type="text"/> |
| | <input type="text"/> |
| Mailing Address: | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone: | <input type="text"/> |
| | Email: <input type="text"/> |

VI. Architect Information *(fill out, if applicable)*

| | |
|---|--|
| Name: | <input type="text"/> |
| Company Name: <i>(if applicable)</i> | <input type="text"/> |
| | <input type="text"/> |
| Mailing Address: | <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone: | <input type="text"/> |
| | Email: <input type="text"/> |

VII. Civil Engineer / Surveyor Information (fill out, if applicable)

| | | | |
|--|--|---------------|----------------------|
| Name: | <input type="text"/> | | |
| Company Name: <small>(if applicable)</small> | <input type="text"/> | | |
| Mailing Address: | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |

VIII. Landscape Architect Information (fill out, if applicable)

| | | | |
|--|--|---------------|----------------------|
| Name: | <input type="text"/> | | |
| Company Name: <small>(if applicable)</small> | <input type="text"/> | | |
| Mailing Address: | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Phone: | <input type="text"/> | Email: | <input type="text"/> |

IX. Applicant Acknowledgement

- By signing this application, I authorize employees/agents of the City to enter onto the property that is the subject of this application during regular business hours. The sole purpose of entry is to make an examination of the property that is necessary to process this application; and
- I certify that I am the owner of this property, the owner's authorized agent/representative, or the petitioner (if for a vacation). If acting as an authorized agent or representative, I further certify that I have full power and authority to file this application and to perform, on behalf of the owner, all acts required to enable the jurisdiction to process and review such an application. I will comply with all provisions of the law and ordinance governing this type of application; and
- I certify that failure to submit all required documents in compliance with the checklist could result in delayed acceptance, processing, and hearing date timelines; and
- I certify that the information furnished by me as part of this application is true and correct to the best of my knowledge.

I certify that I am the:

- Property Owner Authorized Agent / Representative Petitioner (Vacations Only)

Applicant / Applicant's Representative Printed Name

Date

Applicant / Applicant's Representative Signature



SPECIAL USE PERMIT CHECKLIST

The following items shall be included in the application submittal. Additional information may be required upon official review of the plans. Please check the box for each item listed below to confirm submission of the item listed.

SECTION 1: Filing Requirements

- All applications, checklists, plans and supporting documents must be submitted through our [Online Permit Center](#).
- All applications, checklists, plans and supporting documents shall follow the naming schematic as provided here.
- Filing fees (**see Section 2 below**)
- PDF Documents formatted in accordance with **Section 5** below.
- All documents shall follow the [naming conventions as shown here](#).

SECTION 2: Filing Fees

Refer to the Planning Department fee list for most current fees.

- Permit fees. Fees will be required to be paid once the application has been submitted and received by the department.

SECTION 3: Submittal Documents

The items listed below are considered a minimum. Additional information may be necessary for clarification during the review process.

- Master Land Use Application.** Copy of a completed and signed master land use application.
- Application Checklist.** Copy of a completed and signed application checklist
- Copy of Deeds or Proof of Ownership.** If the owner is a corporation or LLC, proof of the representative for the LLC or corporation will be required.
- Property Owner Acknowledgement.** Signed [Property Owner Acknowledgement form](#) (if applicable)
- Neighborhood Meeting Information**, including:
 - A copy of the letter sent to all owners, residents and associations within 500' of property
 - A copy of the 500' mailing list
 - A copy of the sign-in sheet, with your signature for certification



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- Legal Descriptions.** Attach a legal description of the property including metes and bounds to the centerline of all adjacent rights of ways. All legal descriptions shall be certified by a land surveyor registered to the State of Idaho.
- Detailed Site Plan, drawn to scale**, showing:
 - Location of all property lines and dimensions
 - All streets and driveways
 - All off-street parking, loading spaces, drive aisles, ramps, and sidewalks
 - All trash enclosure locations
 - All existing and proposed landscaping
 - All existing and proposed buildings and structures with setbacks
 - All utility locations. Specify location of any overhead utility lines on the property
 - Location of all proposed sign with dimensions to property line
- Concept Building Elevations (if new construction or remodel):** Colored building elevations of all four (4) sides of buildings, indicating building heights, colors, materials, windows, doors, architectural features, and landscaping around buildings.
- Landscape Plan:** Landscape plan, drawn to scale (no smaller than 1" = 50') and prepared by a landscape architect, a landscape designer or a qualified nursery person. Landscape plans shall be stamped by a licensed landscape architect and including the following information:
 - Streets, Setbacks and Easements:** Show all streets, setbacks, and easements. Streets shall be identified by name. Dimension and label all right-of-way, setbacks, and easements
 - Sight Visibility Triangles:** Show and label all sign visibility triangles.
 - Storm Water Facilities and Berms:** Show all storm water facilities and berms. Indicate berm heights, slopes and proposed landscaping
 - Off-Street Parking & Bicycle Parking:** A note listing the required number of parking spaces and bicycle parking spaces, the provided number of parking spaces and bicycle parking spaces, and the circulation area required to serve the parking spaces with typical dimensions.
 - Existing Trees and/or Shrubs:** Location of all existing trees and shrubs, and the approximate size and type of any existing trees and shrubs. Indicate by note which trees and/or shrubs will remain, if any.
 - Existing and Proposed Structures:** Location of all existing and proposed structures and a note of whether the existing structures will remain
 - Pathways:** Location, width, and type of pathways, along with identification of all required pathway materials and landscaping callouts for micro pathways, major pathways, public pathways, regional pathways, and Indian Creek Corridor pathways (if applicable).



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- Open Space Exhibit:** Separate open space exhibit clearly delineated using colored shading, so it is readily identifiable. The open space exhibit shall contain a table identifying:
 - The percentage and acreage of each individual areas of open space and if the open space is being calculated as qualified open space
 - The total percentage and acreage of code required open space and qualifying open space in relationship to the gross area of the project
 - The total percentage and acreage of proposed open space and qualifying open space in relationship to the gross area of the project
- Public Amenities:** Location, size, and types of new structures for recreational use (i.e., gazebos, water features, picnic areas, shuffleboard, etc.)
- School Bus Stops:** Location of school bus stop areas within a common lot or common easement
- Public Transit Stops:** Location of any public transit
- Street Landscape Buffers:** Location and width of all street landscape buffers. Include the location of all sod, trees, shrubs, plantings, and other materials proposed.
- Landscape Buffers Between Land Uses:** Location and width of all landscape buffers between different land uses. Include the location of all sod, trees, shrubs, plantings, and other materials proposed.
- Parking Lot Landscaping:** Location and size of all landscape islands within parking lots, Include the location of all landscaping materials proposed
- Trash Enclosures:** Location of all trash enclosures, to include details about screening and landscaping
- Fencing:** Location, height, color, and materials for all existing or proposed fencing
- Other Landscape Amenities:** Provide location, size, type and description of all other landscape improvements such as berms, decorative rock, boulders, etc.
- Landscape Schedule:** Provide a table listing all of the locations, descriptions, types and numbers of landscaping products to be installed.
- Traffic Impact Study:** A traffic impact study will be required if the proposed development generates one hundred (100) or more peak hour vehicle trips; more than thirty thousand (30,000) square feet of commercial use; or more than fifty thousand (50,000) square feet of industrial use.

Note: The city may require an impact study, even if the aforementioned criteria are not exceeded to resolve unique circumstances. The city may also waive the requirement if, in the city's opinion, there are no traffic issues to resolve.



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SECTION 4: Project Specific Details

Fill in all the information below that is applicable to the project being proposed.

| LAND USE AND ZONING INFORMATION | | | |
|--|---------------------------|------------------------------|-----------------|
| | Zoning Designation | Comp Plan Designation | Land Use |
| <i>(Subject Property)</i> | | | |
| <i>North of Site</i> | | | |
| <i>South of Site</i> | | | |
| <i>East of Site</i> | | | |
| <i>West of Site</i> | | | |

| PARKING, LOADING AND PEDESTRIAN AMENITIES | | |
|---|----------------------|-----------------|
| Description | Min. Required | Proposed |
| <i>Electric vehicle parking spaces</i> | | |
| <i>Off-street parking spaces</i> | | |
| <i>Commercial loading spaces</i> | | |
| <i>Industrial loading spaces</i> | | |
| <i>Bicycle parking spaces:</i> | | |
| <i>Describe any public transportation facilities that will be provided.</i> | | |
| <i>Describe any public amenities that are being proposed:</i> | | |



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LANDSCAPING AND PATHWAYS

| | |
|---|--|
| <p>Landscaping: <i>Please check all locations where landscaping will be provided</i></p> | <p><input type="checkbox"/> Parking lot <input type="checkbox"/> Common areas <input type="checkbox"/> Street landscape buffers <input type="checkbox"/> Between different land uses <input type="checkbox"/> Adjacent to Pathways <input type="checkbox"/> Around building exterior Other _____</p> |
| <p>Public or Regional Pathways <i>Describe location, width, landscaping, and any proposed fencing:</i></p> | |

STREET LANDSCAPE BUFFERS

| Location (Enter Street Name) | Min. Width Required | Proposed Width | % of Sod Proposed | # of Trees Proposed | Min. Tree Spacing (in feet) | # of Shrubs Proposed | Min. Shrub Spacing (in feet) |
|---------------------------------|---------------------------|-------------------|----------------------|------------------------|-----------------------------------|----------------------------|---------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

BUFFERS BETWEEN LAND USES

| Location (If not required, put N/A) | Min. Width Required | Proposed Width | % of Sod Proposed | # of Trees Proposed | Min. Tree Spacing (in feet) | # of Shrubs Proposed | Min. Shrub Spacing (in feet) |
|--|------------------------|-------------------|----------------------|------------------------|-----------------------------------|----------------------------|---------------------------------------|
| North Property Line | | | | | | | |
| South Property Line | | | | | | | |
| East Property Line | | | | | | | |
| West Property Line | | | | | | | |



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| PUBLIC SIDEWALKS | | | | |
|-------------------------------|----------------------------|-----------------------|---|--|
| Location (Street Name) | Min. Width Required | Proposed Width | Type of Sidewalk | Existing or Proposed |
| | | | <input type="checkbox"/> Meandering <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed |
| | | | <input type="checkbox"/> Meandering <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed |
| | | | <input type="checkbox"/> Meandering <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed |
| | | | <input type="checkbox"/> Meandering <input type="checkbox"/> Attached <input type="checkbox"/> Detached | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed |

| UTILITIES, INFRASTRUCTURE, AND PUBLIC SERVICES INFORMATION | | | | |
|---|--|---|--|--|
| Type of Site Access: | <input type="checkbox"/> | Street Frontage | | |
| | <input type="checkbox"/> | Easement | | |
| Street(s) Providing Access: | | | | |
| Will Secondary Access for Fire be Provided: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Internal Roads: | <input type="checkbox"/> | Public | | |
| | <input type="checkbox"/> | Private | | |
| | <input type="checkbox"/> | Internal Circulation | | |
| | <input type="checkbox"/> | Road User's Maintenance Agreement Inst# | | |
| School Districts Serving this Location: | <input type="checkbox"/> | Caldwell School District | | |
| | <input type="checkbox"/> | Vallivue School District | | |



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| UTILITIES, INFRASTRUCTURE, AND PUBLIC SERVICES INFORMATION | | |
|---|---|--------------------------------------|
| Domestic Water: | <input type="checkbox"/> | Individual Domestic Well – How Many? |
| | <input type="checkbox"/> | Centralized Public Water System |
| | <input type="checkbox"/> | City Municipal Water System |
| | <input type="checkbox"/> | N/A |
| | Nearest Water Line Connection: | |
| Sewer (Wastewater): | <input type="checkbox"/> | Individual Septic |
| | <input type="checkbox"/> | City Municipal Sewer |
| | <input type="checkbox"/> | N/A |
| | Nearest Sewer Line Connection: | |
| | Irrigation: | <input type="checkbox"/> |
| <input type="checkbox"/> | | Irrigation Well |
| <input type="checkbox"/> | | Pressurized |
| <input type="checkbox"/> | | Gravity |
| <input type="checkbox"/> | | N/A |
| Nearest Irrigation Connection: | | |
| Irrigation District: | | |
| Stormwater: | <input type="checkbox"/> | Swales |
| | <input type="checkbox"/> | Ponds |
| | <input type="checkbox"/> | Borrow Ditches |
| | <input type="checkbox"/> | Other, Explain: |
| Stormwater Management: | Does the site disturb one or more acres of land? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Fire Suppression Water Supply Source: | | |
| Sources of Surface Water on or Nearby Properties (i.e., creeks, ditches, canals, lake, etc.): | | |



SECTION 5: PDF Formatting Requirements

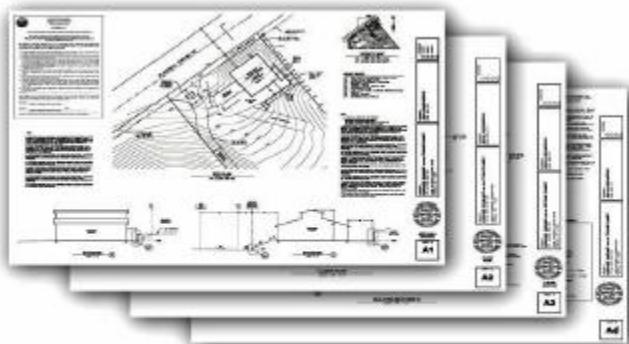
Portable Document Format (PDF) is the industry standard for electronic plans. The City of Caldwell only accepts PDF files for plan review. PDF files must be properly formatted as described below. Please read the instructions carefully. Improperly formatted plans can delay the plan review process for your project.

Layers: No multiple layers. Layers must be merged or flattened.

Format: Vector-based files are preferred given the ability to scale these files.

Resolution: Min. of 300 pixels per inch (PPI)

Grouping: Multiple sheet PDF (single file with multiple sheets)



plans.pdf (multiple sheets)

✓Correct

Labeling: Each sheet of the plans must be labeled with the project name, contractor, and address of the subject site.



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SECTION 6: Applicant Acknowledgement

- I acknowledge that all items on the checklist are included in the submittal package and that all documents have been named accordingly and submitted as single-sided, high-resolution pdf documents; and
- I acknowledge that I, the applicant, or my representative is responsible to attend all public hearings; and
- I acknowledge that applications are not deemed complete until the application has been submitted, all fees have been paid, and the application has been deemed accepted after completion of the prescreening process. This could impact neighborhood meeting deadlines and scheduling of public hearing dates.
- I acknowledge that I have read, understand, and am in compliance with all standards, terms, and requirements listed in Caldwell City Code; and
- I certify I am the:
 - Property Owner as the Applicant Property Owner's Agent / Representative

Applicant / Applicant's Representative Printed Name

Date

Applicant / Applicant's Representative Signature



INVOICE

Permit #: SUP25-000020
Address: 5210 CLEVELAND BLVD

| Fee | Account Code | Amount |
|--|--------------|---------------|
| P&Z Fees - SUP - Less than 1/2 acre (Base Fee) | 10200 | 721.00 |
| Fire Fees - SUP - Up to 1 acre | 22025 | 102.79 |
| Eng Fees - SUP - Less than 2 acres | 12530 | 92.35 |
| TOTAL | ◆ | 916.14 |

The prior use was a named TDS internet, they were a retail sales store. We are a vape store, and our plan is to keep everything as is, no structural changes being done. Our hours of operation is from 8am-10pm Monday-Sunday.

| PIN | OwnerName | InCareOf |
|--|---------------------------------------|---------------------------------|
| R32450012 | DAN AND JUDY ROBERTSON PROPERTIES LLC | |
| R32500102 | CLEARWATER CALDWELL LLC | |
| R32498 | FEAST PROPERTIES LLC | |
| R32448010 | MOBILE HOME LOCATORS INC | |
| R32501 | MARCO POLO INC | CITY NATIONAL BANK |
| R32501010 | WAL MART REAL ESTATE BUSINESS TRUST@@ | TESORO REFINING AND MARKETING = |
| R32449 | ROGUE CREDIT UNION | |
| R32449010 | JENSEN FAMILY PROPERTIES LLC | |
| R32499 | CLEVELAND CALDWELL LLC | |
| R32500100 | FRONTIER CREDIT UNION | |
| R32500101 | CLEARWATER CALDWELL LLC | |
| R32448010A | SLMA PROPERTIES LLC | |
| R32448 | SLMA PROPERTIES LLC | |
| R32497010 | WAL-MART REAL ESTATE BUS TRUST | ATTN PROPERTY TAX DEPT |
| R35864111 | 4419 EAST USTICK LLC | |
| R32503010 | R2 INVESTMENTS LLC | |
| R35863011 | AB PROPERTIES LLC | |
| R35864105 | JHFREDDY LLC | |
| R35864110 | CALDWELL COMMONS-MCGILL LLC | NICK VENTURELLI TOK COMMERCIAL= |
| R35864110A | CALDWELL COMMONS-MCGILL LLC | NICK VENTURELLI TOK COMMERCIAL= |
| R32503 | VLB TANASBOURNE LLC | |
| R32449011 | COLLINS SHELLY M REVOCABLE TRUST | |
| R32450010 | DAN AND JUDY ROBERTSON PROPERTIES LLC | |
| R32450 | DAN AND JUDY ROBERTSON PROPERTIES LLC | |
| R32450011 | DAN AND JUDY ROBERTSON PROPERTIES LLC | |
| | | |
| CANYON COUNTY LISTING - "R32499" - 500 feet | | |
| 11-21-2025 | | |
| PROPERTY LISTING DISCLAIMER | | |
| <p>This information should be used for informational use only and does not constitute a legal document for the description of these properties. Every effort has been made to insure the accuracy of these data & is subject to change without notice; however, the Assessor's Office assumes no liability nor do we imply any particular level of accuracy. The Canyon County Assessor's Office disclaims any responsibility or liability for any direct or indirect damages resulting from the use of these property listings.</p> | | |

NEIGHBORHOOD MEETING LETTER

11/24/2025

COLLINS SHELLY M REVOCABLE TRUST
821 WALNUT AVE
SANTA CRUZ, CA 95060

RE: Neighborhood Meeting Notice for Project in your Neighborhood

To whom it may concern,

You are invited to a neighborhood meeting to discuss a project we are proposing near your property. The purpose of the meeting is to discuss the project, answer any questions, and listen to your feedback and suggestions.

Meeting Date: December 5th, 2025

Meeting Time: 7:30 pm

Meeting Location: 5210 Cleveland Blvd Suite 102 Caldwell Idaho 83607

Project Summary: This project consists of a special use permit for a tobacco and vape store.

If you would like to contact us ahead of the meeting, please feel free to reach us at 248-764-0607.

Wesam Almadhrhi
Vape Stop

NEIGHBORHOOD MEETING SIGN-IN FORM
City of Caldwell Planning and Zoning Department
621 E. Cleveland Blvd., Caldwell, ID 83605
Phone: (208) 455-3021

Start Time of Neighborhood Meeting: 5:00pm _____

End Time of Neighborhood Meeting: 9:00pm _____

Those in attendance please print your name and address.

If no one attended, Applicant please write across this form "No one attended".

PRINTED NAME

ADDRESS, CITY, STATE, ZIP

| | |
|-----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |
| 6. | _____ |
| 7. | _____ |
| 8. | _____ |
| 9. | _____ |
| 10. | _____ |
| 11. | _____ |
| 12. | _____ |
| 13. | _____ |
| 14. | _____ |
| 15. | _____ |
| 16. | _____ |

17._____

18._____

19._____

20._____

NEIGHBORHOOD MEETING CERTIFICATION:

Applicants shall conduct a neighborhood meeting for the following: special use permit applications; variance applications; annexation applications; planned unit development applications; preliminary plat applications that will be submitted in conjunction with an annexation, rezone or planned unit development application; and, rezone applications as per City of Caldwell Zoning Ordinance Section 10-03-12.

Description of the proposed project:

The description of the proposed project is for a Vape retail store special use permit.

Date of Round Table meeting: 12/05/2025 _____

Notice sent to neighbors on: 11/21/2025 _____

Date & time of the neighborhood meeting: 12/05/2025 at 7:30 _____

Location of the neighborhood meeting:

5210 Cleveland Blvd. #102 Caldwell, Id. 83607

Developer/Applicant:

Name: Wesam Almadhrhi _____

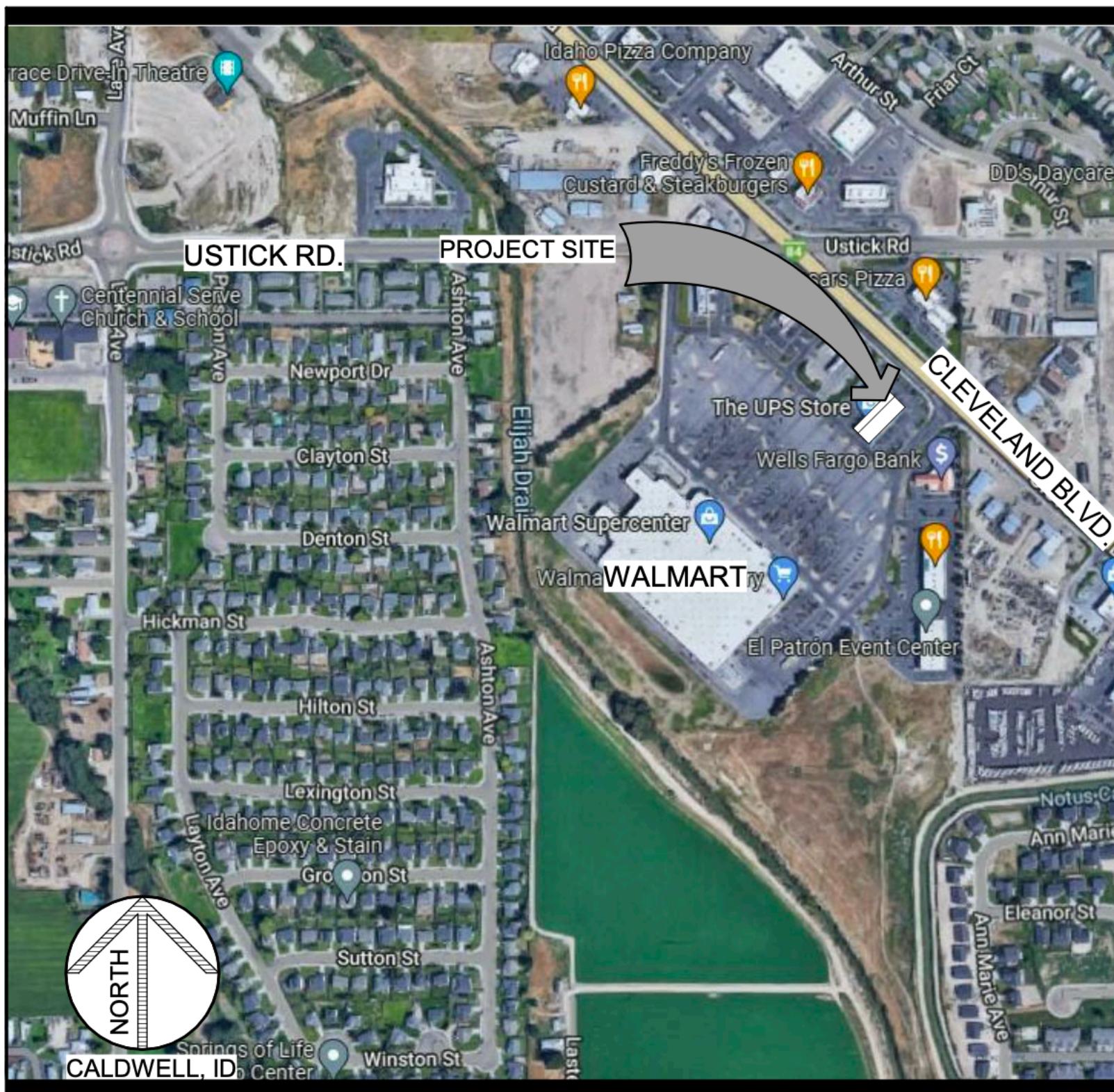
Address, City, State, Zip: 1850 Caldwell Blvd Suite 145 Nampa Idaho 83651 _____

I certify that a neighborhood meeting was conducted at the time and location noted on this form and in accord with City of Caldwell Zoning Ordinance Section 10-03-12.

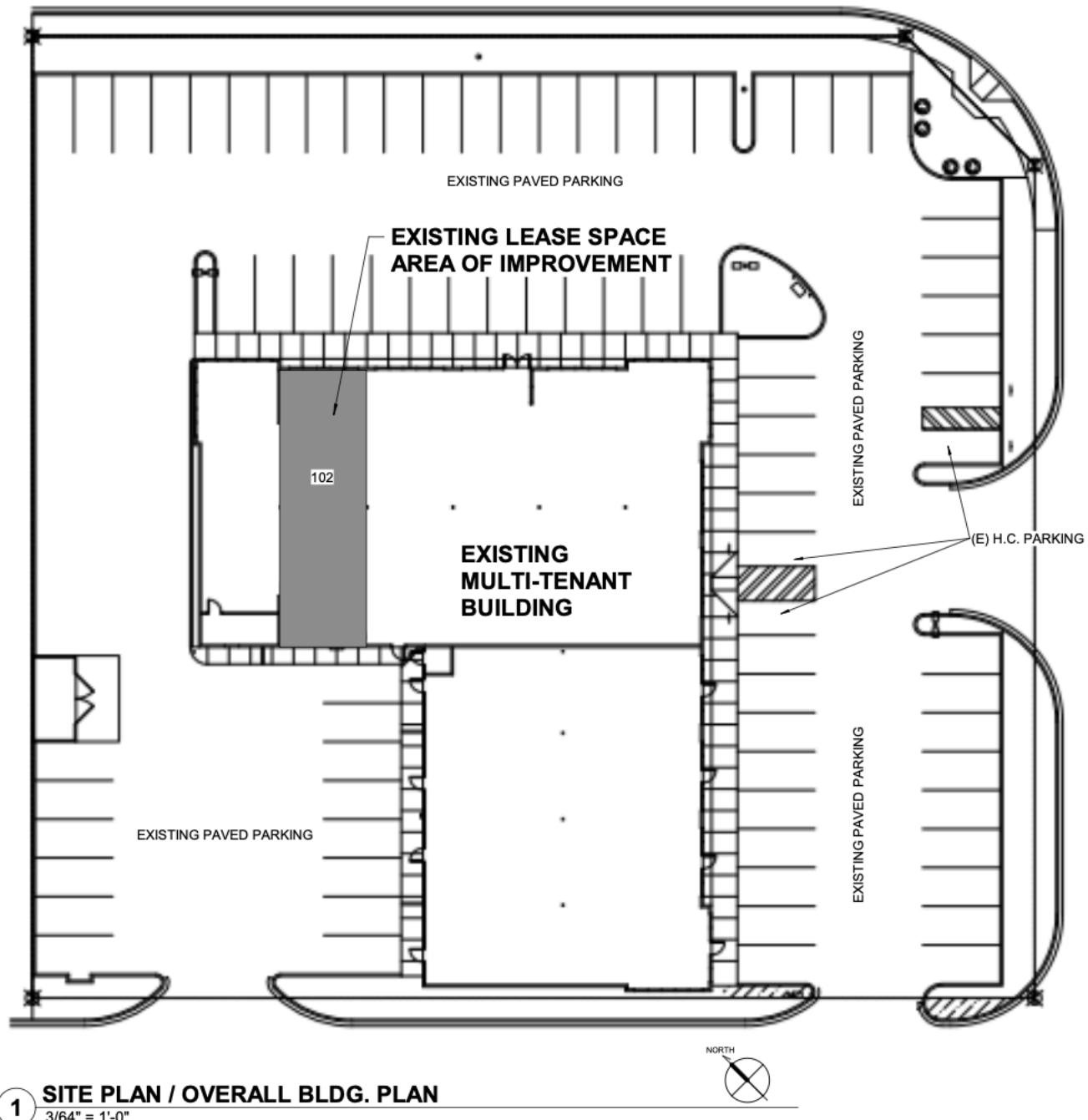
DEVELOPER/APPLICANT SIGNATURE Wesam Almadhrhi _____

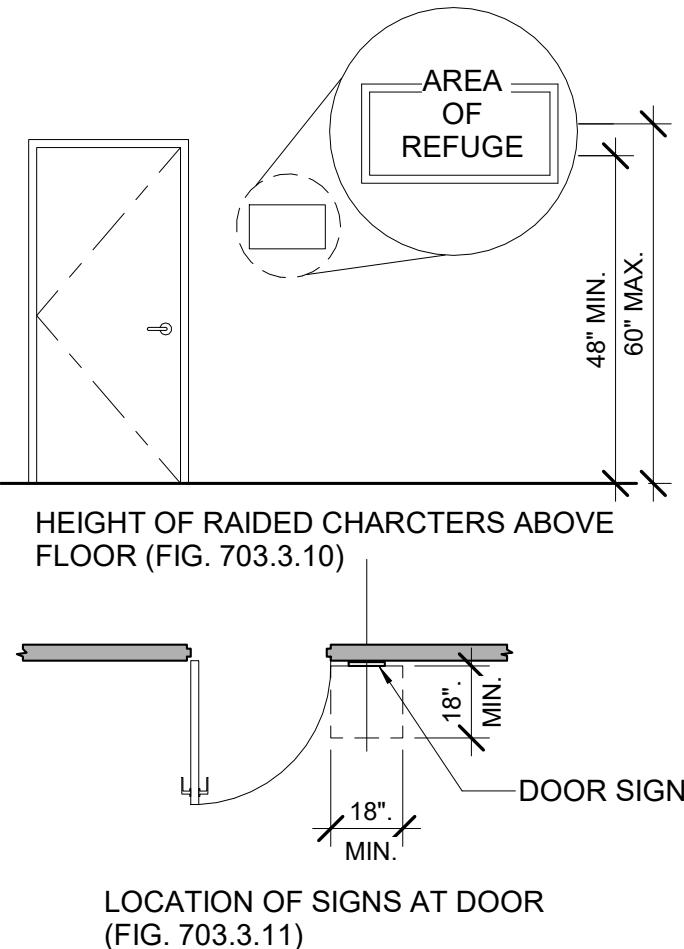
DATE 12/08/2025 _____

VICINITY MAP



CLEVELAND BLVD.





4 ACCESSIBLE SIGNAGE

4

SYMBOLS LEGEND

GENERAL NOTES

1. ALL CONSTRUCTION, MATERIALS AND FINISHES SHALL BE IN FULL COMPLIANCE WITH APPLICABLE GOVERNING CODES AND REGULATIONS THAT ARE IN EFFECT AT THE TIME OF THE AGREEMENT BETWEEN THE OWNER AND CONTRACTOR.
2. PROVIDE SOLID BLOCKING AS REQUIRED AT WALL MOUNTED ITEMS.
3. CONTRACTOR TO INSTALL HARD-WIRED CARBON MONOXIDE DETECTOR
4. CONTRACTOR TO INSTALL LOCKBOX AS DIRECTED BY TENANT

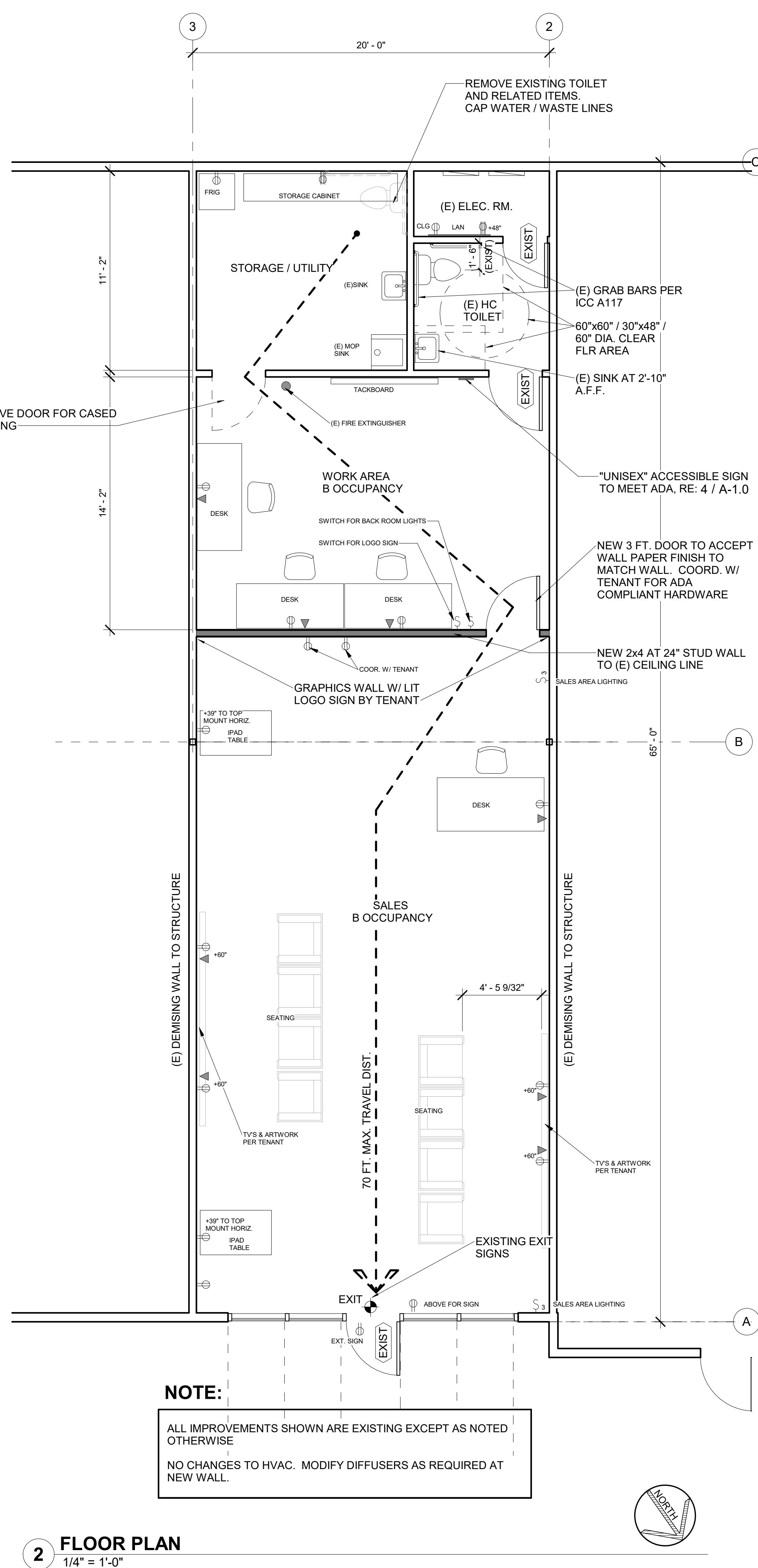
FINISH NOTES

1. PROVIDE 5/8" GYPSUM BOARD AT ALL NEW INTERIOR WALLS. PATCH EXISTING FINISHES AT NEW CONSTRUCTION TO MATCH. TAPE, TEXTURE AS DIRECTED BY TENANT, AND PAINT
2. WALLS AND PARTITIONS WITHIN 2 FEET OF SERVICE SINKS, WASH SINKS, URINALS, AND WATER CLOSETS SHALL HAVE A PLASTIC LAMINATE OR TILE FINISH AS SELECTED BY TENANT, TO A HEIGHT OF NOT LESS THAN 4 FEET ABOVE THE FLOOR.
3. RESTROOM: REPLACE RESTROOM FLOORING WITH LVT AND 4" RUBBER WALL BASE AS SELECTED BY TENANT
4. INSTALL CARPET AND PAINTABLE PINE WOOD BASE AS DIRECTED BY TENANT AT ALL OTHER AREAS EXCEPT ELECTRICAL ROOM
5. EXISTING SUSPENDED TILE AND GRID TO REMAIN. PATCH BACK TO MATCH AT NEW WALL CONSTRUCTION
REPLACE 2x4 LIGHTS WITH LED FIXTURES. SWITCH AS SHOWN ON PLAN
6. PAINT

Paint walls:

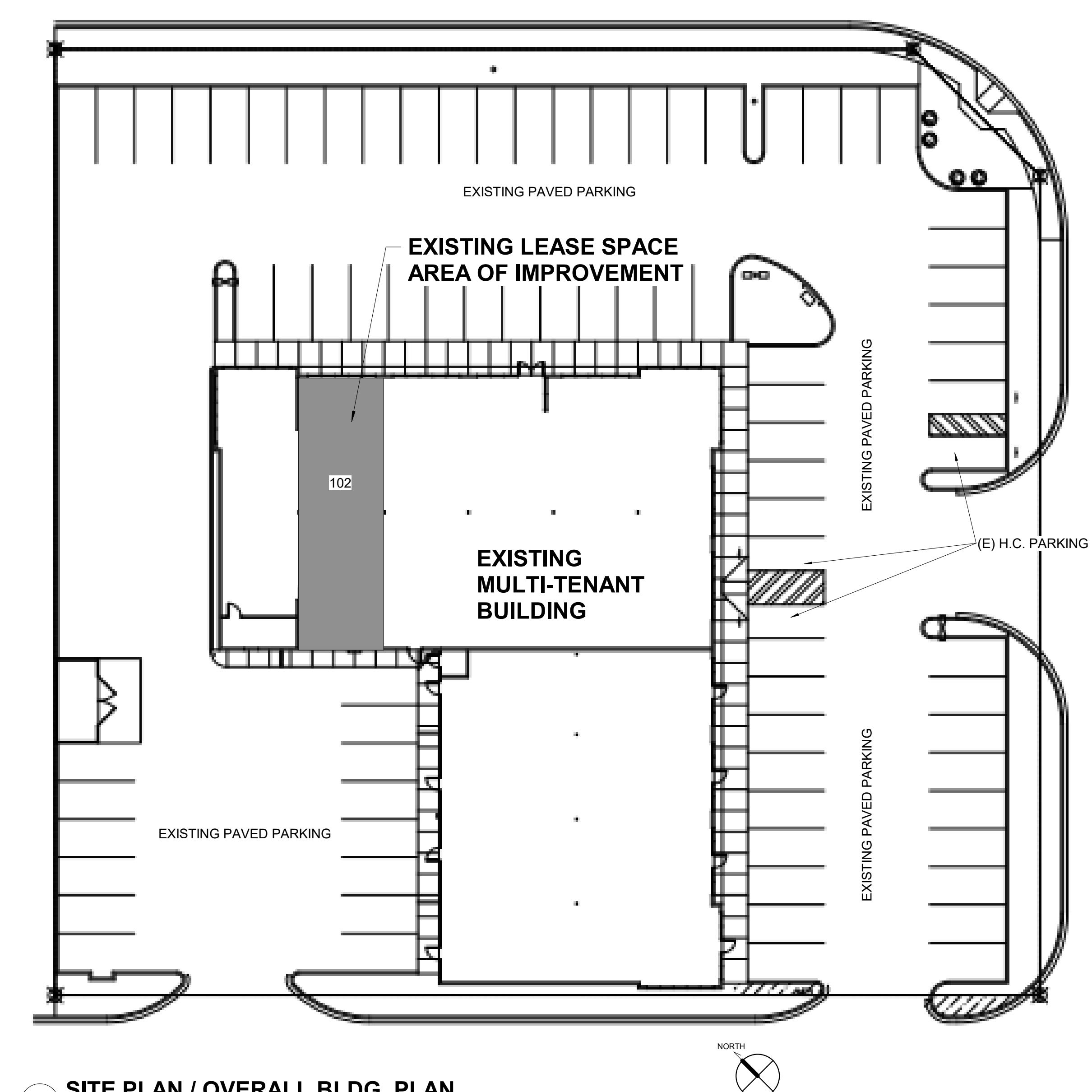
- Back office and storage area:
 - Sherwin Williams SW7063 Nebulous White / Eggshell finish
 - (wall base in this area to be Benjamin Moore/Dolphin AF-715)
- Front Retail area:
 - PRIMARY WALL PAINT: Glidden/ PPG/ Color: Rich Navy is PPG 50BB 08/171/ Eggshell finish (use Sherwin Williams paint brand, mixed to match the Glidden paint color – Sherwin Williams quality provides better coverage for this dark color)
 - SECONDARY WALL PAINT: Benjamin Moore/ Affinity/ Color: Dolphin AF-715/ Eggshell finish
 - Wall finish should be smooth
- Back "graphics" wall: prime only. To receive wall covering by Tenant.
 - This wall needs to be primed only. Wrap the Navy paint around the corners of the side walls and on to this wall in each corner about 6".
 - Wall base to be painted Rich Navy.
 - Wall finish should be smooth
 - **Wall should have no penetrations (thermostats, air vents, or any electrical or data outlet other than the recessed electrical outlets specified by Tenant)

NOTE: REFER TO TENANT FURNISHED PAINT PLAN FOR
WALL / BASE COLOR LOCATIONS



CODE INFORMATION

- THE BUILDING DESIGN IS DONE WITH REFERENCE TO THE FOLLOWING CODES:
 1. 2018 INTERNATIONAL BUILDING CODE
 2. 2018 INTERNATIONAL ENERGY CONSERVATION CODE
 3. 2017 IDAHO STATE PLUMBING CODE
 4. 2017 NATIONAL ELECTRICAL CODE
 5. 2018 INTERNATIONAL FIRE CODE
 6. 2018 INTERNATIONAL MECHANICAL CODE
 7. 2018 INTERNATIONAL FUEL GAS CODE
 8. 2009 ICC/ANSI A117.1
- ZONING: BC - COMMUNITY BUSINESS
- USE AND OCCUPANCY CLASSIFICATION: B
- TYPE OF CONSTRUCTION: VB
- FIRE PROTECTION SYSTEMS: NONE
- EXISTING BUILDNG AREA: 12,932 S.F.
LEASE SPACE AREA: 1,300 S.F.
- OCCUPANT LOAD: 15
BUSINESS / SALES: 727 S.F. / 60 = 12
WORK AREA: 280 S.F. / 150 = 2
STORAGE: 131 S.F. / 300 = 1
ACCESSORY USE - TOILET / ELECTRICAL ROOM:
- EXISTING AND EGRESS: 1 EXIT REQUIRED. OCCUPANT LOAD IS LESS THAN 20 AND TRAVEL DISTANCE IS LESS THAN 75 FT.



TENANT IMPROVEMENT FOR TDS METROCOM

5210 CLEVELAND BLVD. #102 - CALDWELL, ID
133 MEIR KUCOM

| | |
|-----------|----------|
| AWN BY | DATE: |
| JGT | 7/23/22 |
| ECHECKED: | JOB NO.: |
| JGT | 2255 |

**COVER SHEET / SITE
PLAN / FLOOR PLAN**

A-1.0

SHEET
1 OF 1

Walmart

The UPS Store
Sport CASH
verizon

5210

PANDA EXPRESS
CONCESSIONS

Bonanza

FAIRY NAILS & SPA

verizon



Beauty Bar

FAIRY **NAILS & SPA**

104

BODY SCULPTING

BRIO

103

OPEN

2B C514P



102

Verizon

2

Orlando

FL

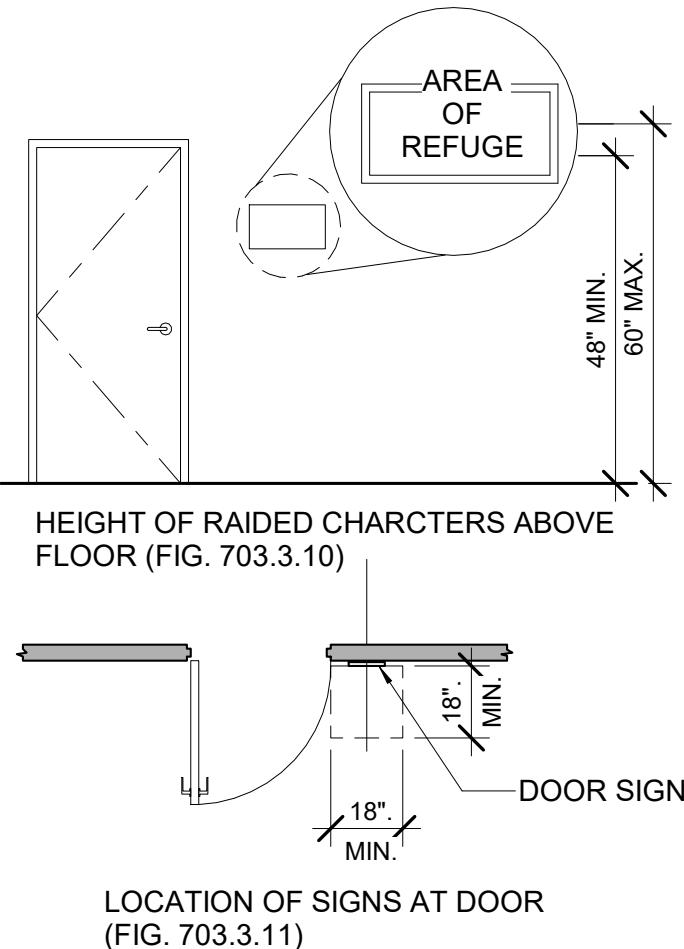
101

#1





I was told that I didn't need to submit a landscape Plan



4 ACCESSIBLE SIGNAGE

4

SYMBOLS LEGEND

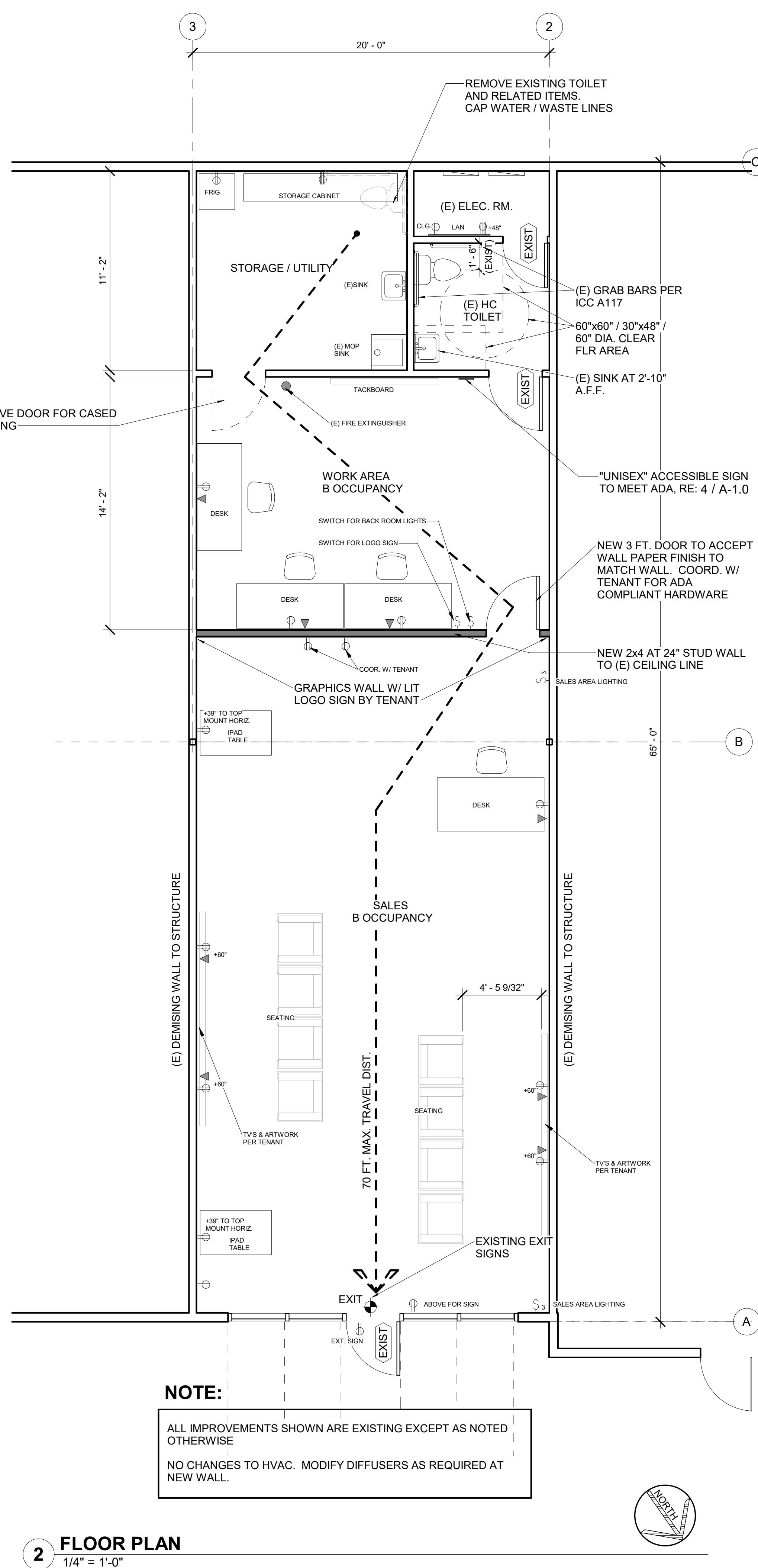
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FINISH NOTES

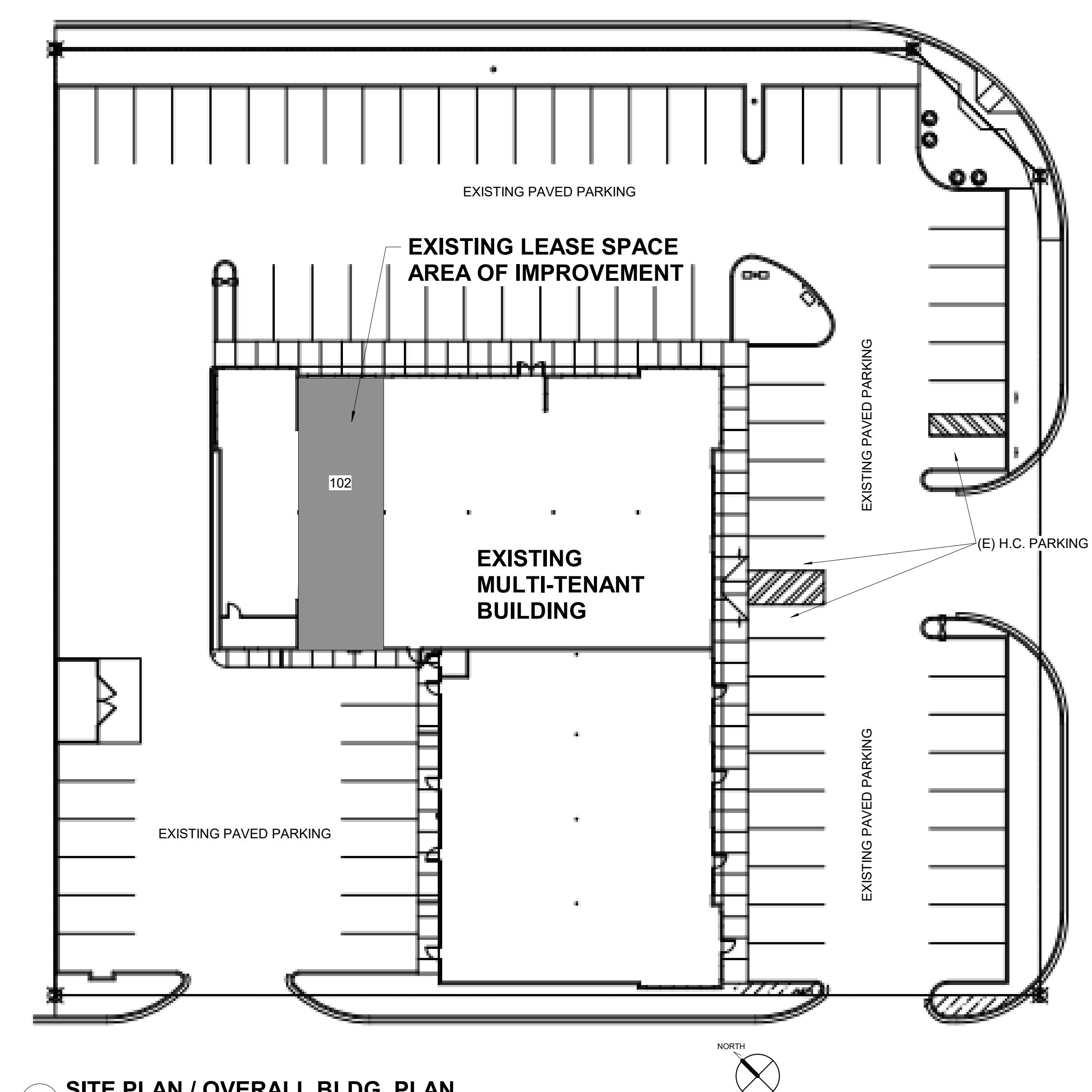
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WORK AREA: 280 S.F. / 150 = 2
STORAGE: 131 S.F. / 300 = 1
ACCESSORY USE - TOILET / ELECTRICAL ROOM:
- EXISTING AND EGRESS: 1 EXIT REQUIRED. OCCUPANT LOAD IS LESS THAN 50 AND TRAVEL DISTANCE IS LESS THAN 75 FT



**TENANT IMPROVEMENT
FOR
TDS METROCOM
CLEVELAND BLVD. #102 - CALDWELL**

FOR
TDS METROCOM
5210 CLEVELAND BLVD. #102 - CALDWELL, ID

| | |
|-------------------|---------|
| AWN BY | DATE: |
| JGT | 7/23/22 |
| CHECKED: JOB NO.: | |
| JGT | 2255 |

**COVER SHEET / SITE
PLAN / FLOOR PLAN**

A-1.0

SHEET



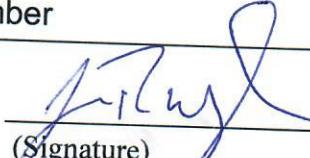
PROPERTY OWNER ACKNOWLEDGEMENT

COMMUNITY DEVELOPMENT – PLANNING & ZONING – 205 S 6TH AVE, CALDWELL ID

I, James Wylie / Cleveland Caldwell LLC, the recorded owner for real property addressed as 5210 Cleveland Blvd., Suite # 102,
City Caldwell State ID Zip 83607, am aware of, in agreement with, and give my permission to _____, to submit the accompanying application(s) pertaining to this property.

1. I agree to indemnify, defend and hold the City of Caldwell and its employees harmless from any claim or liability resulting from any dispute as to the statement(s) contained herein or as to the ownership of the property which is the subject of the application.
2. I hereby grant permission to City of Caldwell staff to enter the subject property for the purpose of site inspection(s) related to processing said application(s).

Dated this 9 day of December, 2025


(Signature)

CERTIFICATE OF VERIFICATION

STATE OF IDAHO)
) ss.
)

I, Joni Neal, a Notary Public, do hereby certify that on this 9 day of December, in the year, 2025, personally appeared before me James R. Wylie, known or identified to me to be the person whose name is subscribed to the foregoing instrument, who, being by me first duly sworn, declared that he/she/they signed the foregoing document, and that the statements therein contained are true.


NOTARY PUBLIC FOR IDAHO
Residing at Idaho-Ada
My Commission Expires 2-21-2029



FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY

2014 DEC 16 PM 1:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Cleveland Caldwell, LLC

2. The complete street and mailing addresses of the initial designated office:

1676 N. Clarendon Way, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

James R. Wylie IV

(Name)

1676 N. Clarendon Way, Eagle, ID 83616

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

| <u>Name</u> | <u>Address</u> |
|-------------------|--|
| James R. Wylie IV | 1676 N. Clarendon Way, Eagle, ID 83616 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

5. Mailing address for future correspondence (annual report notices):

1676 N. Clarendon Way, Eagle, ID 83616

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature 
 Typed Name: James R. Wylie IV, Member

Signature _____
 Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/16/2014 05:00

CK:3349 CT:304191 BH:1453205
 10 100.00 = 100.00 ORGAN LLC #9

W145417