



Type of Review Requested (check all that apply)

- Annexation/Deannexation
- Appeal/Amendment
- Comprehensive Plan Map Change
- Design Review
- Ordinance Amendment
- Rezone
- Special Use Permit
- Subdivision- Preliminary Plat
- Subdivision- Final Plat
- Subdivision- Short Plat
- Time Extension
- Variance
- Other _____

STAFF USE ONLY:

File number(s): _____

Project name: _____

Date filed: _____ Date complete: _____

Related files: _____

Subject Property Information

Address: _____ Parcel Number(s): _____

Subdivision: _____ Block: _____ Lot: _____ Acreage: _____ Zoning: _____

Prior Use of the Property: _____

Proposed Use of the Property: _____

Applicant Information:

Applicant Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Owner Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Agent Name: (e.g., architect, engineer, developer, representative) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Authorization

Print applicant name: _____

Applicant Signature: _____ Date: _____



Project Name:	File #:
Applicant/Agent:	

Applicant (v)	Please provide the following REQUIRED documentation:	Staff (v)
	Completed and signed Hearing Review Application	
	Narrative fully describing the proposed map change, including the following: <ul style="list-style-type: none"> ➤ Total # of acres being re-classified and the new map classification ➤ How the proposed change will complement with the surrounding area 	
	Warranty deed for the subject property	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject property	
	Metes and bounds legal description for the site	
	All of the above items shall be submitted in 8 ½ x 11 paper format AND in electronic format (preferably PDF or Word) on either a jump drive or CD. Please be aware the jump drive or CD will become part of the file and will not be returned	
	Please indicate # of property owners within 300 feet: _____	
	Fee	

STAFF USE ONLY:

Date Application Received: _____

Received by: _____

Proposed Hearing Date: _____

Hearing Body: _____

Property Owner Acknowledgement

I, _____, _____
(Name) (Address)

_____, _____
(City) (State)

being first duly sworn upon, oath, depose and say:

1. That I am the record owner, or authorized designee of the record owner of property located at

(Address)

and I grant my permission to:

_____, _____
(Name) (Address)

_____, _____
(City) (State)

to submit the accompanying application(s) pertaining to that property.

2. 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.
3. 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 _____ day of _____, 20_____

(Signature)