



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: _____



CITY OF
Caldwell, Idaho

Planning & Zoning

ORDINANCE AMENDMENT

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 request, including the following: <ul style="list-style-type: none"> ➤ Specific item/code section requested to be changed ➤ Reasons for the amendment/code change ➤ Any other pertinent information to the request 	
	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	
	Fee	

STAFF USE ONLY:

Date Application Received: _____

Received by: _____

Proposed Hearing Date: _____

Hearing Body: _____