



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 request, including the following: <ul style="list-style-type: none"> ➤ Specific city code ordinance standard for the variance ➤ Reasons for the variance and the undue hardship ➤ Site-specific limitations and/or impediments on the property creating the undue hardship ➤ Any other pertinent information to the request. Please remember the applicant has the burden of proof to show why their request should be granted 	
	Warranty deed for the subject property	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject property	
	Neighborhood Meeting sign-in sheet	
	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	

Variance Being Requested Please check one of the following:

<input type="checkbox"/> Minimum Lot Area (square feet)	<input type="checkbox"/> Maximum building height
<input type="checkbox"/> Minimum Lot Width	<input type="checkbox"/> Minimum required parking spaces
<input type="checkbox"/> Minimum Lot Frontage	<input type="checkbox"/> Any other zoning ordinance provision affecting the size or shape of a structure, building, placement of structure or building upon a lot, or size of the lot. Please specify:
<input type="checkbox"/> Minimum front yard setback	_____
<input type="checkbox"/> Minimum rear yard setback	
<input type="checkbox"/> Minimum interior side yard setback	
<input type="checkbox"/> Minimum street side yard setback	

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)