



CITY OF
Caldwell, Idaho

Planning & Zoning

ADMINISTRATIVE REVIEW APPLICATION

Type of Review Requested (check all that apply)

- Administrative Determination
- Business Permit
- Certificate of Compliance
- Home Occupation
- Mobile Food Unit
- Lot Line Adjustment
- Simple Lot Split
- Temporary Use
- Time Extension/Renewal
- Transient Merchant
- Other _____

<p><u>STAFF USE ONLY:</u></p> <p>File number(s): _____</p> <p>_____</p> <p>Project name: _____</p> <p>Date filed: _____ Date complete: _____</p> <p>Related files: _____</p>

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: _____



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TEMPORARY USE RENEWAL

Business Name:	File #:
Applicant/Agent:	

Applicant (v)	Please provide the following REQUIRED documentation:	Staff (v)
	Copy of current Certificate of Compliance	
	Narrative describing any proposed changes or new locations	
	Copy of current SWDH (Southwest District Health) Permit (if applicable)	
	Copy of current vehicle registration and current proof of insurance (if applicable)	
	Updated FBI Background Check (if applicable, required every two years)	
	Fee	

The applicant shall comply with City Code Chapter 10-02-13 at all times. Any violations of City Code, including but not limited to: hours of operation, signage, garbage accumulation, excessive noise and/or disturbances, shall render any approvals null and void.

P&Z STAFF USE ONLY:

Start Date: _____ End Date: _____

Comments: _____

Reviewed by: _____

FIRE DEPT. STAFF USE ONLY:

Approve Approved w/ Conditions Deny

Comments: _____

Reviewed by: _____



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TEMPORARY USE
BACKGROUND INFORMATION SHEET

Date of Application: _____ Name of Company: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Driver's License #: _____ SS#: _____ Date of Birth: _____

Local Address _____ City _____ State _____ Zip _____

List last two addresses: _____

Email address: _____ Home Phone: _____ Cell: _____

Has a permit or license been revoked during the past five years? _____

If yes, where and when? _____

List any arrests for any crime, misdemeanor or violation of any municipal laws within the past five years.

<u>Date of Arrest</u>	<u>Place of Arrest</u>	<u>Charge</u>	<u>Disposition</u>

_____ *(initial)* I HAVE READ ALL THE ABOVE AND DECLARE UNDER PENALTY OF PERJURY THAT EACH AND EVERY STATEMENT MADE IS TRUE, CORRECT AND COMPLETE.

Signature of Applicant

Date

APPROVAL SIGNATURES (STAFF USE ONLY)					
REVIEWER	SIGNATURE	DATE	DETERMINATION		
CITY CLERK			APPROVED		DENIED
POLICE CHIEF			APPROVED		DENIED
Reasons for denial (if applicable): _____					

Property Owner Acknowledgement

I, _____, the record owner for real property addressed as _____, am aware of, in agreement with, and give my permission to _____, to submit the accompanying application(s) pertaining the that 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 _____ day of _____, 20_____

(Signature)

CERTIFICATE OF VERIFICATION

STATE OF IDAHO)
) ss.
County of Canyon)

I, _____, a Notary Public, do hereby certify that on this ____ day of _____, 2020, personally appeared before me _____, 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 she signed the foregoing document, and that the statements therein contained are true.

NOTARY PUBLIC FOR IDAHO

Residing at _____

My Commission Expires _____