



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

TIME EXTENSION

Project Name:		File #:
Applicant/Agent:		
Applicant (v)	Please provide the following REQUIRED documentation:	Staff (v)
	Completed and signed Administrative Review Application	
	Narrative fully describing the requested time extension/administrative renewal, including the following: <ul style="list-style-type: none"> ➤ That the request complies with Chapter 11-02-03(1)F of City Code ➤ Reasons for delay of the project ➤ Any other pertinent information to the request 	
	Approved Subdivision name (please provide written verification from Mapping Department)	
	Warranty deed for the subject property	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject property	
	Original Preliminary Plat, 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	
	Proposed Final Plat (full size, 1 copies. 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)	
	Drawing detailing any changes between the original and proposed Preliminary Plat	
	Landscape Plan (if applicable)	
	Fee	

The application shall be reviewed by the Planning and Zoning Department to determine if it is an administrative or hearing review application.

Total # Lots

Residential: _____ Commercial: _____ Industrial: _____ Common: _____

Phased Project: Yes No If "yes", Phase #: _____ Total Acreage: _____

Min. Lot Size (excluding common lots): _____ Max. Lot Size (excluding common lots): _____

Avg. Lot Size (excluding common lots): _____ % Useable Open Space: _____

List all types of useable open space: _____

STAFF USE ONLY: **Administrative** **Hearing**

Public Works Director: Approve Deny Signature: _____

Planning & Zoning Director: Approve Deny Signature: _____

City Council approval date (if hearing): _____

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 _____