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 License
- ☐ Other _____

STAFF USE ONLY:

File number(s): _____

_____

Project name: _____

Received by: _____ Date received: _____

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 (Business Owner): _____ Phone: _____

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

Email: _____ Cell: _____

Property 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

SIMPLE LOT SPLIT

Project Name:	File #:
Applicant/Agent:	

Applicant (√)	**Please provide the following REQUIRED documentation:**	Staff (√)
	Completed & signed Administrative Review Application	
	Narrative fully describing the proposed use/request	
	Recorded warranty deed for the subject property	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject property (8 ½" x 11")	
	Existing recorded plat in which the subject property lies (8 ½" x 11") (if applicable)	
	Copy of the Record of Survey showing the new property boundaries (8 ½" x 11")	
	Legal description (metes & bounds) of the new property boundaries and closure sheet	
	Fee	

After approval of the request, the applicant has 4 months to provide the Planning & Zoning Department with copies of the recorded Record of Survey (8 ½" x 11") and the recorded deeds. If these are not received within the given time frame, the approval will become null and void.

STAFF USE ONLY:

Date of Initial Approval: _____

Approved by: _____

Date of Final Approval: _____

Approved by: _____

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 _____