



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: _____



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 request, including the following: <ul style="list-style-type: none"> ➤ Site-specific limitations and/or impediments on the property (i.e.- creeks or other water bodies crossing the property, severe slopes, abnormal lot lines, etc.) ➤ Reasons for delay of the project ➤ 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	
	Copy of the Order of Decision, and/or other documents pertaining to prior approvals of the site	
	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	

PLACE A CHECK NEXT TO THE REQUESTED ADMINISTRATIVE DETERMINATION

- Reduction of setback requirements
- Reduction of structure height requirements
- Reduction of parking requirements
- Time extension to submit applicable permits for an approved SUP.
- Time extension to obtain the permanent C of O related to an approved SUP.
- Time extension for temporary living quarters while constructing a principal dwelling.
- Other: _____.

STAFF USE ONLY:

Planning & Zoning Director: Approve Deny

Comments: _____

Signature: _____ Date: _____

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 to 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 _____