



MASTER APPLICATION/PETITION

ADA COUNTY DEVELOPMENT SERVICES

Mailing: 200 W. Front Street, Boise, ID 83702 Website: adacounty.id.gov Phone: 208-287-7900 Fax: 208-287-7909

OFFICE USE ONLY:

RECEIVED BY:	PROJECT #	PLANNING/GIS FEES:	ENGINEERING FEES:
DATE:			
DATE STAMPED: □			

REQUIRED SUBMITTALS FOR ALL APPLICATIONS:

- DEED or evidence of proprietary interest
- APPLICATION SPECIFIC CHECKLIST(S)
- One (1) paper copy single-sided & One (1) electronic copy of all required application submittal documents.

ADMINISTRATIVE APPLICATIONS:

- | | |
|--|---|
| <input type="checkbox"/> ACCESSORY USE | <input type="checkbox"/> LIGHTING PLAN |
| <input type="checkbox"/> DRAINAGE PLAN | <input type="checkbox"/> MASTER SITE PLAN |
| <input type="checkbox"/> EXPANSION NONCONFORMING USE | <input type="checkbox"/> ONE-TIME DIVISION |
| <input type="checkbox"/> FARM DEVELOPMENT RIGHT | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT (PUD) |
| <input type="checkbox"/> FLOODPLAIN PERMIT | <input type="checkbox"/> PRIVATE ROAD |
| <input type="checkbox"/> HILLSIDE DEVELOPMENT | <input type="checkbox"/> PROPERTY BOUNDARY ADJUSTMENT |
| <input type="checkbox"/> HIDDEN SPRINGS ADMINISTRATIVE | <input type="checkbox"/> SIGN PLAN |
| <input type="checkbox"/> HIDDEN SPRINGS SPECIAL EVENT | <input type="checkbox"/> TEMPORARY USE |
| <input type="checkbox"/> LANDSCAPE PLAN | |

HEARING LEVEL APPLICATIONS:

- | | |
|---|--|
| <input type="checkbox"/> CONDITIONAL USE | <input type="checkbox"/> VACATION |
| <input type="checkbox"/> DEVELOPMENT AGREEMENT | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> PLANNED COMMUNITIES | <input type="checkbox"/> ZONING MAP AMENDMENT |
| <input type="checkbox"/> SUBDIVISION, PRELIMINARY | <input type="checkbox"/> ZONING TEXT AMENDMENT |
| <input type="checkbox"/> SUBDIVISION, SKETCH PLAT | |

HEARING LEVEL PETITION:

- COMPREHENSIVE PLAN MAP OR TEXT AMENDMENT PETITION CHECKLIST

ADDENDA ITEMS:

- | | |
|---|--|
| <input type="checkbox"/> ADMINISTRATIVE MODIFICATION | <input type="checkbox"/> FINAL PLAT |
| <input type="checkbox"/> APPEAL | <input type="checkbox"/> TIME EXTENSION (ADMINISTRATIVE) |
| <input type="checkbox"/> DEVELOPMENT AGREEMENT MODIFICATION | <input type="checkbox"/> TIME EXTENSION (HEARING) |

OVERLAY DISTRICTS: Some Overlays require a separate checklist. All require additional information:

- | | |
|--|---|
| <input type="checkbox"/> BOISE AIR TERMINAL AIRPORT INFLUENCE AREAS (ACC 8-3A) | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT (ACC 8-3D) |
| <input type="checkbox"/> BOISE RIVER GREENWAY (ACC 8-3G) | <input type="checkbox"/> SOUTHWEST PLANNING AREA (ACC 8-3D) |
| <input type="checkbox"/> FLOOD HAZARD (ACC 8-3F) | <input type="checkbox"/> WILDLAND-URBAN FIRE INTERFACE (ACC 8-3B) |
| <input type="checkbox"/> HILLSIDE DEVELOPMENT (ACC 8-3H) | |

SITE INFORMATION:

Section: _____ Township: _____ Range: _____ Total Acres: _____

Subdivision Name: _____ Lot: _____ Block: _____

Site Address: _____ City: _____

Tax Parcel Number(s): _____

Existing Zoning: _____ Proposed Zoning: _____ Area of City Impact: _____

Overlay District(s): _____

PLEASE PRINT ALL INFORMATION CLEARLY & LEGIBLY!

APPLICANT/AGENT:	ADDITIONAL CONTACT, if applicable:
Company Name (if applicable):	Company Name (if applicable):
Applicant Name:	Applicant Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:
I certify this information is correct to the best of my knowledge. _____ Signature: (Applicant) Date:	ENGINEER/SURVEYOR, if applicable:
	Company Name (If applicable):
	Name:
	Address:
	City: State: Zip:
	Telephone: Fax:
Email:	

OWNER(S) OF RECORD:	OWNER(S) OF RECORD:
Company Name (if applicable):	Company Name (if applicable):
Owner Name (or authorized representative/agent, see below*):	Owner Name (or authorized representative/agent, see below*):
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone: Fax:	Telephone: Fax:
Email:	Email:
I consent to this application, I certify this information is correct, and allow Development Services staff to enter the property for related site inspections. I understand that as the property owner of record I will be required to enter into a Development Agreement with Ada County, either personally or on behalf of the entity owning the property, in the event this application includes a request for a Zoning Map Amendment. I agree to indemnify, defend and hold Ada County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of the application. _____ Signature: All Owner(s) of Record Date	I consent to this application, I certify this information is correct, and allow Development Services staff to enter the property for related site inspections. I understand that as the property owner of record I will be required to enter into a Development Agreement with Ada County, either personally or on behalf of the entity owning the property, in the event this application includes a request for a Zoning Map Amendment. I agree to indemnify, defend and hold Ada County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of the application. _____ Signature: All Owner(s) of Record Date

ALL OWNER(S) OF RECORD (ON THE CURRENT DEED) MUST SIGN

(Additional signature pages are Available Online, if needed)

***If the property owner(s) are a business entity, include business entity documents, including those that indicate the person(s) who are eligible to sign documents.**