



## COMMUNITY DEVELOPMENT DEPARTMENT

### Planning & Zoning Division

Caldwell City Hall: 205 S 6<sup>th</sup> Avenue | Mail: PO Box 1179 Caldwell, ID 83606 | Phone: 208-455-3024  
<https://www.cityofcaldwell.org/Departments/Community-Development/Building-Safety-Division>

Robin Collins, PCED, CBO | Community Development Director & Building Official

# Master Land Use Application

This Master Land Use Application and specific land use checklists must be completed, with all required supplemental documents provided, prescreening passed, and fees paid for an application to be considered complete and accepted.

**Hearing dates and codes utilized for review are based on the date is “complete and accepted”.**

Failure to submit all requested items (in legible form) may delay the processing of your application.

#### APPLICATION LEGEND:

\* = Public hearing(s) required

\*\* = May require public hearing

\*\*\* = City Council consent agenda

All others are considered Administrative Staff Level Reviews

## I. Application Requests (check all that apply)

<input type="checkbox"/> Admin Director Determination	<input type="checkbox"/> Lot Split (Administrative)	<input type="checkbox"/> Subdivision (Prelim) Plat*
<input type="checkbox"/> Administrative Development Review <sup>2</sup>	<input type="checkbox"/> Lot Split (Simple)	<input type="checkbox"/> Subdivision (Final) Plat***
<input type="checkbox"/> Alternative Method of Compliance	<input type="checkbox"/> Manufactured Home Community*	<input type="checkbox"/> Subdivision (Short) Plat*
<input type="checkbox"/> Annexation w/Zoning*	<input type="checkbox"/> Mobile Food Unit (Individual)	<input type="checkbox"/> Subdivision Plat Modification**
<input type="checkbox"/> Business License (Permit)	<input type="checkbox"/> Mobile Food Unit Park / Court	<input type="checkbox"/> Subdivision Plat (Time Extension)
<input type="checkbox"/> Certificate of Appropriateness*	<input type="checkbox"/> Modification to Conditions of Approval**	<input type="checkbox"/> Subdivision Plat (Renewal)
<input type="checkbox"/> Comprehensive Plan (Map) Amendment*	<input type="checkbox"/> Outdoor Dining Permit	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Comprehensive Plan (Text) Amendment*	<input type="checkbox"/> Parcel Consolidation	<input type="checkbox"/> Traffic Impact Study Review
<input type="checkbox"/> Deannexation*	<input type="checkbox"/> Performance Bonding	<input type="checkbox"/> Vacation (Easement)*
<input type="checkbox"/> Design Review**	<input type="checkbox"/> Planned Unit Development (New)*	<input type="checkbox"/> Vacation (Plat Note) *
<input type="checkbox"/> Development Agreement (New)*	<input type="checkbox"/> Planned Unit Development (Modification)**	<input type="checkbox"/> Vacation (ROW) *
<input type="checkbox"/> Development Agreement (Modification)**	<input type="checkbox"/> Public Art / Mural	<input type="checkbox"/> Variance*
<input type="checkbox"/> Development Agreement (Termination)*	<input type="checkbox"/> Rezone* (Zoning Map Amendment)	<input type="checkbox"/> Zoning Ordinance Text Amendment*
<input type="checkbox"/> Home Occupation Permit (New)	<input type="checkbox"/> Signs <sup>1</sup>	
<input type="checkbox"/> Home Occupation Permit (Renewal)	<input type="checkbox"/> Special Use Permit (New)*	
<input type="checkbox"/> Lot Line / Boundary Line Adjustment	<input type="checkbox"/> Special Use Permit (Modification)**	

### Footnotes:

<sup>1</sup>Freestanding, post/pole, or monument signs less than 6' in height. All other signs must be submitted through the building department.

<sup>2</sup>Used when not associated with other land use applications, when revisions to an approved (non-subdivision development) is being proposed, or when the land use schedules indicate the requirement for Administrative Development Review.

## II. General Project / Site Information

**Project or Development**

**Name:** (for business licensing, use business name)

**Site Address(s):**

Upload separate attached sheet if more than six (6) site addresses

**Suite #s:****Parcel #s:****Total Acres:****Prior Use of Property:****Proposed Use of Property:****Current Zoning of Subject Parcel(s):**  
(check all that apply)☐ RS-1☐ C-1☐ M-1☐ D-CC☐ A-D☐ Property in County☐ RS-2☐ C-2☐ M-2☐ C-CB☐ C-D☐ -1☐ C-3☐ I-P☐ T-N☐ H-D

List County Designation:

☐ R-2☐ C-4☐ P-D☐ R-3☐ H-C

<b>Proposed Zoning of Subject Parcel(s):</b> <i>(check all that apply)</i>	<input type="checkbox"/> No Change	<input type="checkbox"/> C-1	<input type="checkbox"/> M-1	<input type="checkbox"/> D-CC	<input type="checkbox"/> A-D
	<input type="checkbox"/> RS-1	<input type="checkbox"/> C-2	<input type="checkbox"/> M-2	<input type="checkbox"/> C-CB	<input type="checkbox"/> C-D
	<input type="checkbox"/> RS-2	<input type="checkbox"/> C-3	<input type="checkbox"/> I-P	<input type="checkbox"/> T-N	<input type="checkbox"/> H-D
	<input type="checkbox"/> R-1	<input type="checkbox"/> C-4			<input type="checkbox"/> P-D
	<input type="checkbox"/> R-2	<input type="checkbox"/> H-C			
	<input type="checkbox"/> R-3				

<b>Select the Overlay District for the Subject Parcel(s):</b> <i>(check all that apply)</i>	<input type="checkbox"/> Not in Overlay Zone	<input type="checkbox"/> ED-1	<input type="checkbox"/> FP-1	<input type="checkbox"/> HD-1	<input type="checkbox"/> SO-1	<input type="checkbox"/> UD-1
	<input type="checkbox"/> APO-1			<input type="checkbox"/> HD-2	<input type="checkbox"/> SO-2	<input type="checkbox"/> UD-2
	<input type="checkbox"/> APO-2			<input type="checkbox"/> HD-3	<input type="checkbox"/> SO-3	<input type="checkbox"/> UD-3

<b>City of Caldwell Comprehensive Plan Designation of Subject Parcel(s):</b> <i>(check all that apply)</i>	<input type="checkbox"/> Neighborhood 1	<input type="checkbox"/> Downtown
	<input type="checkbox"/> Neighborhood 2	<input type="checkbox"/> Mixed Use Center
	<input type="checkbox"/> Neighborhood 3	<input type="checkbox"/> Community Center
	<input type="checkbox"/> Urban Neighborhood	<input type="checkbox"/> Special Purpose

**Is/Are Subject Parcel(s) located within an "Area Hub" as indicated within the City of Caldwell Comprehensive Plan?**

☐ Yes ☐ No

### III. Applicant Information

*Note: If applicant is an LLC, proof of authorized signer will be required from the Secretary of State.*

<b>Name:</b>	<input type="text"/>
--------------	----------------------

<b>Company Name:</b> <i>(if applicable)</i>	<input type="text"/>
--	----------------------

<b>Mailing Address:</b>	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

<b>Phone:</b>	<input type="text"/>	<b>Email:</b>	<input type="text"/>
---------------	----------------------	---------------	----------------------

<b>Email Address:</b>	<input type="text"/>
-----------------------	----------------------

<b>Applicants Relationship to Property Owner:</b>	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Authorized Agent/Representative
	<input type="checkbox"/> Purchaser	<input type="checkbox"/> Petitioner <i>(vacation requests only)</i>

#### **IV. Property Owners' Information** *(if different from applicant)*

---

**Name:**

**Mailing Address:**

  
  

**Phone:**

**Email:**

#### **V. Contractor / Developer Information** *(fill out, if applicable)*

---

**Name:**

**Company Name:**

*(if applicable)*

**Mailing Address:**

  
  

**Phone:**

**Email:**

#### **VI. Architect Information** *(fill out, if applicable)*

---

**Name:**

**Company Name:**

*(if applicable)*

**Mailing Address:**

  
  

**Phone:**

**Email:**

**VII. Civil Engineer / Surveyor Information** *(fill out, if applicable)*

---

**Name:****Company Name:***(if applicable)***Mailing Address:**  
  
**Phone:****Email:****VIII. Landscape Architect Information** *(fill out, if applicable)*

---

**Name:****Company Name:***(if applicable)***Mailing Address:**  
  
**Phone:****Email:**

## **IX. Applicant Acknowledgement**

---

- ☐ By signing this application, I authorize employees/agents of the City to enter onto the property that is the subject of this application during regular business hours. The sole purpose of entry is to make an examination of the property that is necessary to process this application; and
- ☐ I certify that I am the owner of this property, the owner's authorized agent/representative, or the petitioner (if for a vacation). If acting as an authorized agent or representative, I further certify that I have full power and authority to file this application and to perform, on behalf of the owner, all acts required to enable the jurisdiction to process and review such an application. I will comply with all provisions of the law and ordinance governing this type of application; and
- ☐ I certify that failure to submit all required documents in compliance with the checklist could result in delayed acceptance, processing, and hearing date timelines; and
- ☐ I certify that the information furnished by me as part of this application is true and correct to the best of my knowledge.

I certify that I am the:

☐ Property Owner    ☐ Authorized Agent / Representative    ☐ Petitioner (Vacations Only)

\_\_\_\_\_  
Applicant / Applicant's Representative Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant / Applicant's Representative Signature