

# PARCEL INQUIRY REQUEST

## CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11<sup>th</sup> Avenue, #310, Caldwell, ID 83605

[zoninginfo@canyoncounty.id.gov](mailto:zoninginfo@canyoncounty.id.gov) Phone: 208-454-7458 Fax: 208-454-6633



Type of Inquiry:  General Information (e.g. zoning, setbacks)  
 Status of Entitlements (e.g. is a building permit /land division available?)

*Note: a \$40.00 fee per parcel number is charged. Please pay by debit/credit cards, cash or check. A credit card authorization form is attached for your convenience.*

Person Making Inquiry:  Property Owner  Realtor  Other

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please include as much information below as possible:**

**Site Information:** Address: \_\_\_\_\_

Tax Parcel Number (if known) \_\_\_\_\_ Approximate Acreage: \_\_\_\_\_

Provide a detailed description of the information you require. Please be as specific as possible.


**Staff will provide a written response upon completion of the property research.**

*The property research information presented by the Development Services Department (DSD) is based on the current ordinances and policies in effect on the date of this summary, and based on your representations and information you provided about the subject property. This information is valid only at the time of inquiry and may change when the subject property, ordinances, or policies change. The information becomes certain and not subject to change when DSD accepts an application and fees are paid. Changes to the subject property may invalidate this information.*

<b>PARCEL INQUIRY #</b> _____	<b>FEE \$</b> _____	<b>DATE:</b> _____
-------------------------------	---------------------	--------------------

<b>NOTES:</b>

## Credit Card Authorization Form

I \_\_\_\_\_, hereby authorize Canyon County Development Services to charge my credit card account in the amount of \$\_\_\_\_\_ for fees associated with my request(s) for a parcel inquiry. I understand and agree that a **\$40.00** per inquiry per parcel fee applies and that the credit card company will charge a convenience fee of approximately 3% of the total fee(s) due.

\_\_\_\_\_  
Cardholder – Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Contact Phone #

VISA

MasterCard

American Express

Discover

*Debit cards will be processed as credit transactions*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code on Back of Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_