

# MASTER APPLICATION

## CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11<sup>th</sup> Avenue, #140, Caldwell, ID 83605

[www.canyonco.org/dsd.aspx](http://www.canyonco.org/dsd.aspx) Phone: 208-454-7458 Fax: 208-454-6633



<b>PROPERTY OWNER</b>	OWNER NAME: Eleanor Willoughby
	MAILING ADDRESS: 899 Pluton Dr. Kuna ID 83634
	PHONE: 208-371-1494 EMAIL: ellie.willoughby2805@gmail.com

I consent to this application and allow DSD staff / Commissioners to enter the property for site inspections. If owner(s) are a business entity, please include business documents, including those that indicate the person(s) who are eligible to sign.

Signature: Eleanor Willoughby Date: 12-22-23

<b>(AGENT) ARCHITECT ENGINEER BUILDER</b>	CONTACT NAME:
	COMPANY NAME:
	MAILING ADDRESS:
	PHONE: EMAIL:

<b>SITE INFO</b>	STREET ADDRESS: O HOVE Rd. Melba
	PARCEL #: R28173012, R28173011 LOT SIZE/AREA: 18.03, 5.90
	LOT: NA BLOCK: NA SUBDIVISION: NA
	QUARTER: SE SECTION: 02 TOWNSHIP: 1S RANGE: 2W
	ZONING DISTRICT: A FLOODZONE (YES/NO): No

<b>HEARING LEVEL APPS</b>	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> COMP PLAN AMENDMENT	<input checked="" type="checkbox"/> CONDITIONAL REZONE
	<input type="checkbox"/> ZONING AMENDMENT (REZONE)	<input type="checkbox"/> DEV. AGREEMENT MODIFICATION	<input type="checkbox"/> VARIANCE > 33%
	<input type="checkbox"/> MINOR REPLAT	<input type="checkbox"/> VACATION	<input type="checkbox"/> APPEAL
	<input type="checkbox"/> SHORT PLAT SUBDIVISION	<input type="checkbox"/> PRELIMINARY PLAT SUBDIVISION	<input type="checkbox"/> FINAL PLAT SUBDIVISION

<b>DIRECTORS DECISION APPS</b>	<input type="checkbox"/> ADMINISTRATIVE LAND DIVISION	<input type="checkbox"/> EASEMENT REDUCTION	<input type="checkbox"/> SIGN PERMIT
	<input type="checkbox"/> PROPERTY BOUNDARY ADJUSTMENT	<input type="checkbox"/> HOME BUSINESS	<input type="checkbox"/> VARIANCE 33% >
	<input type="checkbox"/> PRIVATE ROAD NAME	<input type="checkbox"/> TEMPORARY USE	<input type="checkbox"/> DAY CARE
	<input type="checkbox"/> OTHER		

CASE NUMBER: CR 2023-0014	DATE RECEIVED: 12-22-2023
RECEIVED BY: Dan + CL	APPLICATION FEE: 1400 <input checked="" type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/> CASH

# NEIGHBORHOOD MEETING INSTRUCTIONS

## CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

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### CANYON COUNTY ZONING ORDINANCE § 07-01-15

Before submitting an application for a public hearing, these steps must be completed:

- (1) Applicants shall conduct a neighborhood meeting for any proposed variance, conditional use, zoning ordinance map amendment, expansion, or extension of nonconforming uses requiring a public hearing.
- (2) It shall be the sole duty of the applicant to provide written notice to all property owners or purchasers of record owning property within six hundred (600) feet of the exterior boundary of the property subject to the application. Notice of a neighborhood meeting shall be in addition to, and not combined with, notices already required by this chapter, and shall include the date, time, location and purpose of the meeting.
- (3) The purpose of the neighborhood meeting shall be to review the proposed project and discuss neighborhood concerns, if any.
  - A. The meeting shall not be on a holiday, a holiday weekend, or the day before a holiday.
  - B. The meeting shall be held at one of the following locations:
    1. On the property subject to the application;
    2. At a nearby available public meeting place including, but not limited to, a fire station, library, school, or community center; or
    3. At a location with suitable meeting facilities if such facilities are within a one (1) mile radius of the nearest public meeting place.
- (4) The neighborhood meeting shall be conducted prior to acceptance of the application by Development Services. The neighborhood meeting shall not be conducted earlier than six (6) months prior to the acceptance of the application, and shall be held no sooner than ten (10) calendar days from the mailing of the notice of the neighborhood meeting.
- (5) Each application for a public hearing shall include a form acceptable to the director, which requires the applicant to provide the starting and ending times of the neighborhood meeting and an attendance list, with names and addresses of those who attended the neighborhood meeting. (Ord.10-006, 8-16-2010)

# ZONING AMENDMENT CHECKLIST

## 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



### Select Application Type:

- Zoning **Map** Amendment (Rezone)
  - Rezone (No conditions; CCZO §07-06-05)
  - Conditional Rezone (With conditions; CCZO 07-06-07, See Note 1)
- Zoning **Text** Amendment (propose amendment to ordinance)

### THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS CHECKLIST:

<input type="checkbox"/> Master Application completed and signed (See attached application)
<input type="checkbox"/> Letter of Intent: <ul style="list-style-type: none"><li>- <b>Map Amendments:</b> Detailed letter fully describing how the request meets the following criteria (CCZO §07-06-05 &amp; 07-06-07(6):<ul style="list-style-type: none"><li>• Is the request generally consistent with the comprehensive plan?</li><li>• When considering the surrounding land uses, is the request more appropriate than the current zoning designation?</li><li>• Is the request compatible with surrounding land uses?</li><li>• Will the request negatively affect the character of the area? What measures will be implemented to mitigate impacts? (See Note 2)</li><li>• Will adequate facilities and services including sewer, water, drainage, irrigation and utilities be provided to accommodate the request? (See Note 2)</li><li>• Does legal access to the subject property for the request exist or will it exist at the time of development?</li><li>• Does the request require public street improvements in order to provide adequate access to and from the subject property to minimize undue interference with existing or future traffic patterns created by the request? What measures have been taken to mitigate road improvements or traffic impacts? (See Note 2)</li><li>• Will the request impact essential public services and facilities, such as schools, police, fire and emergency medical services? What measures will be implemented to mitigate impacts? (See Note 2)<ul style="list-style-type: none"><li>○ <b>Conditional rezone</b> requests must include proposed conditions of approval, restrictions, and/or conceptual plans (if a plan is applicable) that will be considered with the rezone in a development agreement. <u>See conditional rezone option disclosure below.</u></li></ul></li></ul></li><li>- <b>Text Amendments:</b> Detailed letter fully describing the text amendment request. Text amendments must be consistent with the comprehensive plan.</li></ul>
<input type="checkbox"/> Neighborhood meeting sign-up sheet and copy of neighborhood notification letter (See attached neighborhood meeting requirements, sample letter and sign-up sheet.)
<input type="checkbox"/> Land Use Worksheet (map amendment only) – See attached worksheet
<input type="checkbox"/> <del>Draft of proposed ordinance change (text amendment only)</del>
<input type="checkbox"/> Deed or evidence of property interest to subject property
<input checked="" type="checkbox"/> <b>\$950 Rezone or \$1,400 for a Conditional Rezone</b>
<input type="checkbox"/> <b>\$2800 Text Amendment</b>
<b>(Fees are non-refundable)</b>

**NOTE:**

1. Conditional rezones require a development agreement between the applicant and County that outlines applicable conditions of approval and/or restrictions.
2. Additional studies (such as traffic, water, biological, historical, etc.) and information may be required by DSD and/or hearing body to fully understand potential impacts.

**CONDITIONAL REZONE OPTION:**

When considering a zoning map amendment (rezone) of a property, a conditional rezone is recommended when considering conceptual site plan and/or addressing potential impacts through mitigation strategies and measures such as restricting uses, limiting the area to be rezoned to retain agricultural uses, and agricultural preservation methods such as buffers and disclosures. Without a conditional rezone, no conditions can be considered as part of the rezone application. Please discuss the conditional rezone option with a DSD Planner prior to application submittal.

The applicant/owner and DSD Planner must sign (below) if the conditional rezone option was discussed and the applicant/owner declined the option.

Applicant/Owner: 

DSD Planner: \_\_\_\_\_

Associated Case No: \_\_\_\_\_

**RESIDENTIAL USES**

**1. NUMBER OF LOTS REQUESTED:**

- Residential 2       Commercial \_\_\_\_\_       Industrial \_\_\_\_\_  
 Common \_\_\_\_\_       Non-Buildable \_\_\_\_\_

**2. FIRE SUPPRESSION:**

- Water supply source: \_\_\_\_\_

**3. INCLUDED IN YOUR PROPOSED PLAN?**

- Sidewalks       Curbs       Gutters       Street Lights       None

**NON-RESIDENTIAL USES**

**1. SPECIFIC USE:** \_\_\_\_\_

**2. DAYS AND HOURS OF OPERATION:**

- Monday \_\_\_\_\_ to \_\_\_\_\_  
 Tuesday \_\_\_\_\_ to \_\_\_\_\_  
 Wednesday \_\_\_\_\_ to \_\_\_\_\_  
 Thursday \_\_\_\_\_ to \_\_\_\_\_  
 Friday \_\_\_\_\_ to \_\_\_\_\_  
 Saturday \_\_\_\_\_ to \_\_\_\_\_  
 Sunday \_\_\_\_\_ to \_\_\_\_\_

**3. WILL YOU HAVE EMPLOYEES?**     Yes    If so, how many? \_\_\_\_\_     No

**4. WILL YOU HAVE A SIGN?**     Yes     No     Lighted     Non-Lighted

Height: \_\_\_\_\_ ft      Width: \_\_\_\_\_ ft.      Height above ground: \_\_\_\_\_ ft

What type of sign: \_\_\_\_\_ Wall \_\_\_\_\_ Freestanding \_\_\_\_\_ Other

**5. PARKING AND LOADING:**

How many parking spaces? \_\_\_\_\_

Is there is a loading or unloading area? \_\_\_\_\_

**ANIMAL CARE RELATED USES**

**1. MAXIMUM NUMBER OF ANIMALS:** \_\_\_\_\_

**2. HOW WILL ANIMALS BE HOUSED AT THE LOCATION?**

Building     Kennel     Individual Housing     Other \_\_\_\_\_

**3. HOW DO YOU PROPOSE TO MITIGATE NOISE?**

Building     Enclosure     Barrier/Berm     Bark Collars

**4. ANIMAL WASTE DISPOSAL**

Individual Domestic Septic System     Animal Waste Only Septic System

Other: \_\_\_\_\_



# ZONING AMENDMENT

## PUBLIC HEARING - CHECKLIST

<b>Zoning Amendment/Conditional Rezone CCZO Section 07-06-05/07-06-07</b>
<b>Check the applicable application type:</b>
<input type="checkbox"/> Rezone
<input type="checkbox"/> Conditional Rezone with Development Agreement

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION TO BE DEEMED COMPLETE (PLEASE CHECK OFF THE ITEMS REQUIRED):

Description	Applicant	Staff
Master Application completed and signed.		✓
Letter of Intent (see standards on next page)		✓
Land Use Worksheet		✓
Neighborhood Meeting form was completed and signed		✓
Completed Agency Acknowledgement form including:		
Southwest District Health		✓
Irrigation District		✓
Fire District		✓
Highway District/Idaho Transportation Dept		✓
Area of City Impact (If applicable)		✓
Conditional Rezone:		✓
Proposed conditions of approval and/or Concept Plan (can be a draft survey/draft preliminary plat/drawing)		
Deed or evidence of property interest to the subject property		
Fee: \$ 950 Rezone \$1,400 Conditional Rezone \$2,800 Text Amendment		
**Fees are non-refundable**		

\*DISCLAIMER: The subject property shall be in compliance with the public nuisance ordinance, the building code and the zoning code before the Director can accept the application.

**REZONE OPTION:**

When considering a zoning map amendment (rezone) of a property, a conditional rezone is recommended when considering conceptual site plan and/or addressing potential impacts through mitigation strategies and measures such as restricting uses, limiting the area to be rezoned to retain agricultural uses, and agricultural preservation methods such as buffers and disclosures. Without a conditional rezone, no conditions can be considered as part of the rezone application.

**The applicant/owner and DSD Planner must sign (below) if the conditional rezone option was discussed and the applicant/owner declined the option.**

Applicant/Owner: *Heana Wilkley* Date 12-21-23

DSD Planner: \_\_\_\_\_ Date \_\_\_\_\_

## SUBMITTAL STANDARDS

LETTER OF INTENT STANDARDS	
	Description of proposed use: expand on the Land Use Worksheet
	Description of the existing use.
	Expected impacts and traffic of future development.
	Explanation of how the proposed rezone is consistent with the Comprehensive Plan and specific zoning criteria.
	Conditional Rezone:
	Explanation/Description of the Concept Plan
	Proposed conditions of approval



# LAND USE WORKSHEET

## CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

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Required for Conditional Use Permit, Comprehensive Plan and Zoning Ordinance Amendment Applications

**PLEASE CHECK ALL THAT APPLY TO YOUR REQUEST:**

### GENERAL INFORMATION

- 1. DOMESTIC WATER:**  Individual Domestic Well  Centralized Public Water System  City  
 N/A – Explain why this is not applicable: \_\_\_\_\_  
 How many Individual Domestic Wells are proposed? 1

- 2. SEWER (Wastewater)**  Individual Septic  Centralized Sewer system  
 N/A – Explain why this is not applicable: \_\_\_\_\_

- 3. IRRIGATION WATER PROVIDED VIA:**  
 Surface  Irrigation Well  None

**4. IF IRRIGATED, PROPOSED IRRIGATION:**

- Pressurized  Gravity

**5. ACCESS:**

- Frontage  Easement Easement width \_\_\_\_\_ Inst. # \_\_\_\_\_

**6. INTERNAL ROADS:**

- Public  Private Road User's Maintenance Agreement Inst # \_\_\_\_\_

- 7. FENCING**  Fencing will be provided (Please show location on site plan)

Type: \_\_\_\_\_ Height: \_\_\_\_\_

- 8. STORMWATER:**  Retained on site  Swales  Ponds  Borrow Ditches

Other: \_\_\_\_\_

- 9. SOURCES OF SURFACE WATER ON OR NEARBY PROPERTY:** (i.e. creeks, ditches, canals, lake)

\_\_\_\_\_

**R28173012 PARCEL INFORMATION REPORT**

1/24/2023 7:49:04 AM

**PARCEL NUMBER: R28173012**

**OWNER NAME: E AND K ENTERPRISES LLC**

**CO-OWNER:**

**MAILING ADDRESS: 715 CANYON RD S MELBA ID 83641**

**SITE ADDRESS: 0 HOVE RD**

**TAX CODE: 0930000**

**TWP: 1S RNG: 2W SEC: 02 QUARTER: SE**

**ACRES: 18.03**

**HOME OWNERS EXEMPTION: No**

**AG-EXEMPT: Yes**

**DRAIN DISTRICT: NOT In Drain Dist**

**ZONING DESCRIPTION: AG / AGRICULTURAL**

**HIGHWAY DISTRICT: NAMPA HWY DIST**

**FIRE DISTRICT: MELBA FIRE**

**SCHOOL DISTRICT: MELBA SCHOOL DIST**

**IMPACT AREA: MELBA**

**FUTURE LAND USE 2011-2022 : AG**

**FLU Overlay Zone Desc 2030:**

**FLU RR Zone Desc 2030:**

**FUTURE LAND USE 2030: AG**

**IRRIGATION DISTRICT: BOISE PROJECT BOARD OF CONTROL**

**FEMA FLOOD ZONE: X FLOODWAY: NOT In FLOODWAY FIRM PANEL: 16027C0575F**

**WETLAND: Riverine**

**NITRATE PRIORITY: ADA CANYON**

**PRINCIPAL ARTERIAL: NOT In Principal Art**

**COLLECTOR: NOT In COLLECTOR**

**INSTRUMENT NO. : 2021004395**

**SCENIC BYWAY: NOT In Scenic Byway**

**LEGAL DESCRIPTION: 02-1S-2W SE TX 21023 IN NESE**

**PLATTED SUBDIVISION:**

**SMALL CITY ZONING: Melba -**

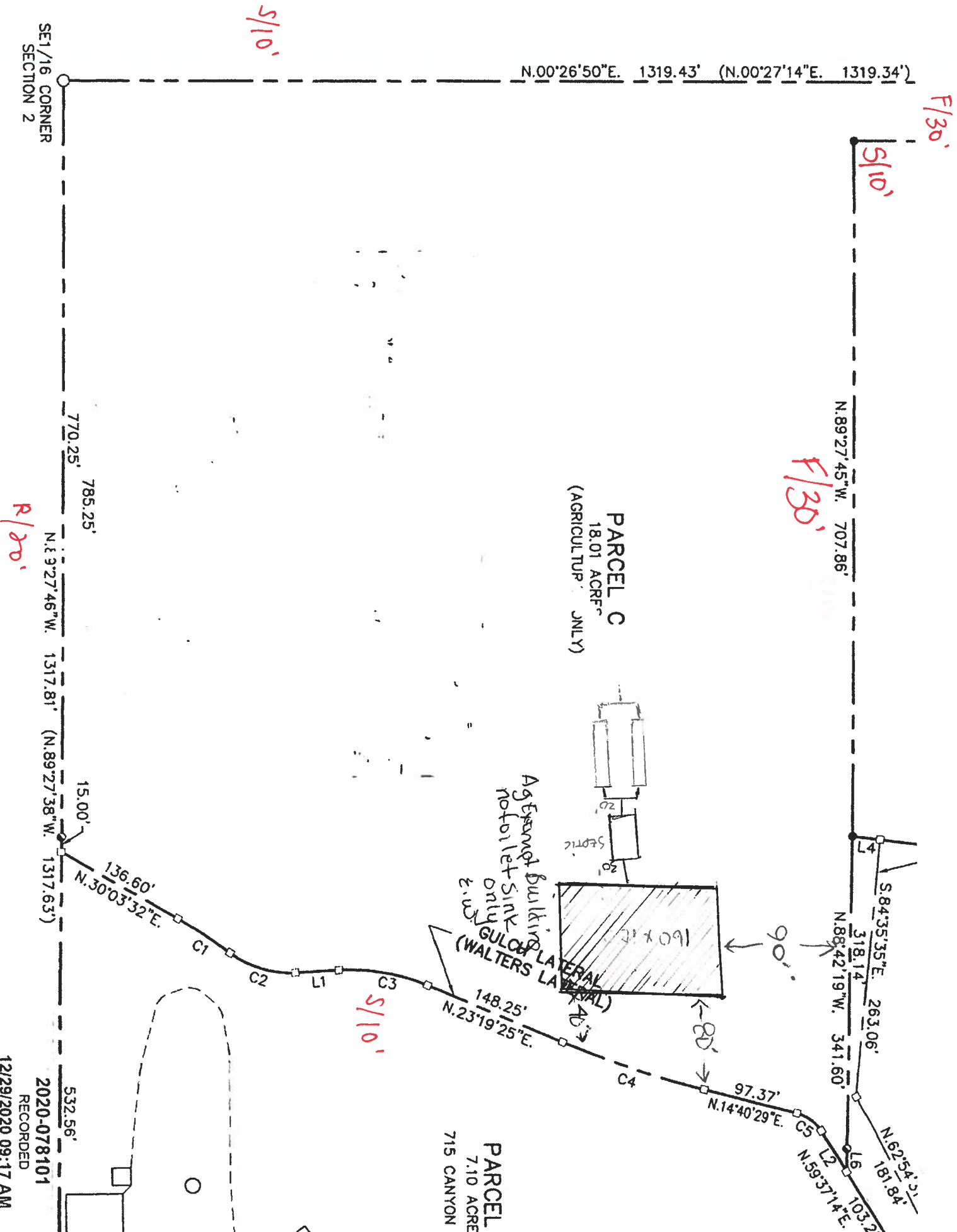
**SMALL CITY ZONING TYPE: Melba -**



**DISCLAIMER:**

1. FEMA FLOOD ZONE REFERS TO THE DESIGNATED FEMA FLOOD AREAS. POSSIBLY ONE (1) OF SEVERAL ZONES - SEE FIRM PANEL NUMBER.
2. THIS FORM DOES NOT CALCULATE DATA FOR PARCELS INSIDE CITY LIMITS SO WATCH YOURSELVES.
3. WETLANDS CLASSIFICATION WILL POPULATE IF "ANY" PORTION OF SAID PARCEL CONTAINS A DELINEATED WETLAND.
4. COLLECTORS AND ARTERIALS ARE BASED ON THE SHERIFFS CENTERLINE WITH AN ADDITIONAL 100 FOOT BUFFER.

CANYON COUNTY ASSUMES NO LIABILITY FOR DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES RESULTING FROM THE USE OR MISUSE OF THIS PARCEL INFORMATION TOOL OR ANY OF THE INFORMATION CONTAINED HEREIN.



N.00°26'50"E. 1319.43' (N.00°27'14"E. 1319.34')

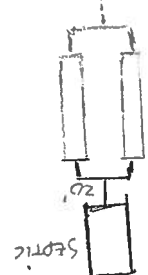
F/30'

S/10'

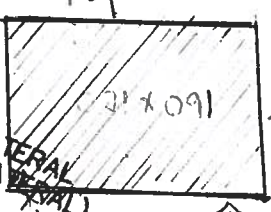
F/30'

N.89°27'45"W. 707.86'

PARCEL C  
18.01 ACRES  
(AGRICULTURE ONLY)



Agricultural Building  
not for let sink  
only  
END  
GULCH LATERAL  
(WALTERS LATERAL)



90°

S.84°35'35"E. 263.06'  
318.14'  
N.88°42'19"W. 341.60'  
N.62°54'51"E. 181.84'  
103.22'  
L2 L6  
N.59°37'14"E.

148.25'  
N.23°19'25"E.

97.37'  
N.14°40'29"E.

PARCEL  
7.10 ACRE  
715 CANYON

S/10'

SE1/16 CORNER  
SECTION 2

770.25'  
785.25'

N.£ 9°27'46"W. 1317.81' (N.89°27'38"W. 1317.63')

R/20'

15.00'  
136.60'  
N.30°03'32"E.

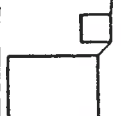
C1 C2

S/10'

532.56'

2020-078101

12/29/2020 09:17 AM



# NEIGHBORHOOD MEETING SIGN-UP

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11<sup>th</sup> Avenue, #140, Caldwell, ID 83605

[www.canyonco.org/dsd.aspx](http://www.canyonco.org/dsd.aspx) Phone: 208-454-7458 Fax: 208-454-6633



## NEIGHBORHOOD MEETING SIGN UP SHEET CANYON COUNTY ZONING ORDINANCE §07-01-15

Applicants shall conduct a neighborhood meeting for any proposed comprehensive plan amendment, zoning map amendment (rezone), subdivision, variance, conditional use, zoning ordinance map amendment, or other requests requiring a public hearing.

### SITE INFORMATION

Site Address: <b>TBD Hove Rd</b>	Parcel Number: <b>R28173012</b>	
City: <b>MELBA</b>	State: <b>ID</b>	ZIP Code: <b>83641</b>
Notices Mailed Date: <b>11/26/2023</b>	Number of Acres: <b>18.03</b>	Current Zoning: <b>AG</b>
Description of the Request: <b>Conditional Rezone RR.</b>		

### APPLICANT / REPRESENTATIVE INFORMATION

Contact Name: <b>Ellie Willoughby</b>		
Company Name:		
Current address: <b>899 Pluton Dr.</b>		
City: <b>Kuna</b>	State: <b>ID</b>	ZIP Code: <b>83634</b>
Phone: <b>208-371-1494</b>	Cell: <b>SAME</b>	Fax:
Email: <b>Ellie.Willoughby2805@gmail.com</b>		

### MEETING INFORMATION

DATE OF MEETING: <b>12/11/2023</b>	MEETING LOCATION: <b>DRIVEWAY - Hove Rd.</b>	
MEETING START TIME: <b>6:30 PM.</b>	MEETING END TIME:	
ATTENDEES:		
NAME (PLEASE PRINT)	SIGNATURE:	ADDRESS:
1. <b>Shanna Nelson</b>	<i>Shanna Nelson</i>	<b>715 Canyon Rd. S. Melba, ID</b>
2. <b>Alexis Hansen</b>	<i>Alexis Hansen</i>	<b>7115 Hove Rd. Melba, ID</b>
3. <b>Cherie Dill</b>	<i>Cherie Dill</i>	<b>7140 Hove Rd Melba, ID</b>
4.		
5.		
6.		
7.		
8.		
9.		

10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

NEIGHBORHOOD MEETING CERTIFICATION:

I certify that a neighborhood meeting was conducted at the time and location noted on this form and in accordance with Canyon County Zoning Ordinance § 07-01-15.

APPLICANT/REPRESENTATIVE (Please print):

Eleanore Willoughby

APPLICANT/REPRESENTATIVE (Signature): Eleanore Willoughby

DATE: 12 / 11 / 2023

12/01/2023

To whom it may concern:

Conditional Rezone Application

TBD Hove Rd. Melba, Idaho

Parcel # R28173012

I respectfully submit for a Conditional Rezone of the above 18.3 acre parcel. I am requesting a rezone to be able to construct a future single family residence on the property. I plan to continue the use of the property for agriculture with plans for improvement on irrigation, weed control and improvements to the soil and hay production. I plan to graze a few cows and breed and raise some ranch horses.

This property is my dream. I spent several years on a 6000 acre cattle ranch outside of Cheyenne Wyoming. Raised a family in Utah and Idaho on Rural properties with hay and livestock. It has always been my dream to have a parcel of this size to be able to live and enjoy that lifestyle. I have a Daughter and Son-in-Law who share that desire with me. Together we would value land and the lifestyle and work to improve the sustainability of the land to support the agricultural use for many years to come.

I also own six contiguous acres which I would continue to farm and make improvements to irrigation and soil for Improved yields.

Thank you,

Ellie Willoughby

# New Individual Sewage Permit

# Subsurface Sewage Disposal

Southwest District Health

13307 Miami Ln  
Caldwell ID 83607  
United States

Permit #: 016009  
Date: 07/06/2023  
Parcel #: R28173012

Applicants Name: ELLIE WILLOUGHBY  
Land Owner Name: ELLIE WILLOUGHBY  
Property Address: TBD HOVE RD  
MELBA ID 83641

**Legal Description**  
Township: 1S Range: 2W Section: 2  
Subdivision:  
Lot: Block: Size (acres):

Type of Installation:  
Individual System Permit - New  
**Basic**

Type of System: Gravel Drainfield  
Additional System Type:  
Optional System Type:

Water Supply:  
Private

Water Source:  
Well

## Conditions of Approval

- Install no deeper than 48 inches.
- If soil conditions differ from test hole when installing tank/drainfield, contact SWDH before installation.
- Confirm all surrounding well locations.
- Changes to structure floorplans must be submitted to SWDH prior to septic installation.
- Modifications to an approved plot plan must be submitted prior to septic system installation.
- If Lift Station/Pump is needed Complex Installer is required.
- Effluent flows must be equalized with use of distribution box or "Hard-T"
- Follow install per approved proposed plot plan
- Daily flows and/or tank adjusted for dwelling size

**Unless otherwise stated within this permit, all requirements of IDAPA 58.01.03 shall be met upon system installation.**

Number of Bedrooms:	1 Bedroom(s)
Design Flow:	150 Gallons Per Day
Soil Type (USDA)/ Loading Rate (Gal/ Sq. Ft./ Day):	B-2 / 0.45 Adjusted Loading Rate:
The minimum septic tank capacity is:	900 Gallons
The minimum effective drainfield absorption area is:	333 Square Feet
The drainfield can be no closer to permanent/ intermittent surface water than:	200 Feet

**Note: Final approval of this permit requires inspection of the uncovered system.**

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into, and are enforceable as part of the permit. The permit will expire (2) years from date of issuance. The permit may be renewed if the renewal is applied for on or before the expiration date.

Permit Approved By:

Digitally signed by Tim Eylar  
Date: 2023.07.06 15:15:07  
**Tim Eylar**

07/06/2023

Permit Issue Date:





# AGENCY ACKNOWLEDGMENT

Date: 12-20-2023  
 Applicant: ELEANOR Willoughby  
 Parcel Number: R28173012  
 Site Address: 0 HOVE Rd. MELBA.

### SIGNATURES DO NOT INDICATE APPROVAL OR COMPLETION OF OFFICIAL REVIEW.

The purpose of this form is to facilitate communication between applicants and agencies so that relevant requirements, application processes, and other feedback can be provided to applicants early in the planning process. Record of communication with an agency regarding the project can be submitted instead of a signature. After the application is submitted, impacted agencies will be sent a hearing notification by DSD staff and will have the opportunity to submit comments.

#### Southwest District Health:

Applicant submitted/met for informal review.

Date: 12/21/2023 Signed: Anthony Lee  
 Authorized Southwest District Health Representative  
 (This signature does not guarantee project or permit approval)

#### Fire District:

District: SWDH

Applicant submitted/met for informal review.

Date: 12-21-23 Signed: [Signature]  
 Authorized Fire District Representative  
 (This signature does not guarantee project or permit approval)

#### Highway District:

District: Melba Fire

Applicant submitted/met for informal review.

Date: 12/20/2023 Signed: [Signature]  
 Authorized Highway District Representative  
 (This signature does not guarantee project or permit approval)

#### Irrigation District: BK # 935

District: Boise-Kuna Irrigation

Applicant submitted/met for informal review.

Date: 12-20-2023 Signed: [Signature]  
 Authorized Irrigation Representative  
 (This signature does not guarantee project or permit approval)

*Review by Boise Project Board of Control with their letter of instruction by Thomas Rittaler 208 544 1141 trittaler@boiseproject.org*

#### Area of City Impact

City: \_\_\_\_\_

Applicant submitted/met for informal review.

Date: 12-20-23 Signed: [Signature]  
 Authorized AOCI Representative  
 (This signature does not guarantee project or permit approval)



**Canyon County Development Services**

111 N. 11th Ave. Room 310, Caldwell, ID 83605  
(208) 454-7458

**Building Divsn Email:** buildinginfo@canyoncounty.id.gov **Planning Divsn Email:** zoninginfo@canyoncounty.id.gov

**Receipt Number:** 81355

**Date:** 12/22/2023

**Date Created:** 12/22/2023

**Receipt Type:** Normal Receipt

**Status:** Active

**Customer's Name:** Ellie J Willoughby

**Comments:** CR2023-0014

**Site Address:** 0 HOVE RD, Melba ID 83641 / Parcel Number: 28173012 0

**CHARGES**

<u>Item Being Paid For:</u>	<u>Application Number:</u>	<u>Amount Paid:</u>	<u>Prevs Pymnts:</u>	<u>Unpaid Amnt:</u>
Planning - Conditional Rezone with Development Agreement	CR2023-0014	\$1,400.00	\$0.00	\$0.00

**Sub Total:** \$1,400.00

**Sales Tax:** \$0.00

**Total Charges:** \$1,400.00

**PAYMENTS**

<u>Type of Payment:</u>	<u>Check/Ref Number:</u>	<u>Amount:</u>
Check	2174	\$1,400.00

**Total Payments:** \$1,400.00

**ADJUSTMENTS**

**Receipt Balance:** \$0.00