

## **ADMINISTRATIVE VARIANCE < 33% 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



The Development Services Director may grant a Variance, as an administrative decision, **of up to thirty-three percent (33%)** of the following requirements: lot size, lot width or depth, structure height, setback distances for the front, back or side yards, or parking space. **CCZO 07-08-01(2)**

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

- |  |
|--|
| <input type="checkbox"/> Master Application completed and signed   |
| <input type="checkbox"/> Detailed letter of intent fully describing the request or proposal, including how the request is consistent with comprehensive plan policies, how the site characteristics create undue hardship, and how the request is NOT in conflict with the public interest |
| <input type="checkbox"/> Land Use Worksheet  |
| <input type="checkbox"/> Site Plan 8 1/2" x 11" showing existing and proposed property lines and sizes, existing and proposed easements, access and setbacks from existing structures, area where variance is requested  |
| <input type="checkbox"/> Deed or evidence of property interest to all subject properties.  |
| <input type="checkbox"/> <b>\$600 non-refundable fee</b>   |

#### **PROCESS: DIRECTORS DECISION**

# 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:
	MAILING ADDRESS:
	PHONE: EMAIL:

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

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

<b>SITE INFO</b>	STREET ADDRESS:			
	PARCEL #:		LOT SIZE/AREA:	
	LOT:	BLOCK:	SUBDIVISION:	
	QUARTER:	SECTION:	TOWNSHIP:	RANGE:
	ZONING DISTRICT:		FLOODZONE (YES/NO):	

<b>HEARING LEVEL APPS</b>	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> COMP PLAN AMENDMENT	<input 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:	DATE RECEIVED:
RECEIVED BY:	APPLICATION FEE: CK MO CC CASH

# LAND USE WORKSHEET

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## LAND USE WORKSHEET

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? \_\_\_\_\_

**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)

\_\_\_\_\_

## RESIDENTIAL USES

### 1. NUMBER OF LOTS REQUESTED:

- ☐ Residential \_\_\_\_\_ ☐ 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: \_\_\_\_\_

# SITE PLAN & LETTER OF INTENT - CHECKLIST

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**The site plan is a detailed GRAPHICAL description of existing and proposed site features. Include all applicable items on your site plan:**

- |  |
|--|
| <input type="checkbox"/> All existing and proposed structures and dimensions (i.e. 40'x30' shop, 20'x20' shed, 40'x50' house, 10' windmill, etc. ) |
| <input type="checkbox"/> Infrastructure: well, septic, irrigation ditch, settling ponds, drainage swales, etc.                                     |
| <input type="checkbox"/> Transportation: parking, loading areas, driveways, etc. adjacent driveways, roads, highways or other accesses             |
| <input type="checkbox"/> Easement locations and dimensions   |
| <input type="checkbox"/> Setbacks from property lines, section lines, collectors and arterial roads and/or building envelope                       |
| <input type="checkbox"/> Areas of steep slopes, wetlands, and/or floodplain  |
| <input type="checkbox"/> Existing or proposed fences   |
| <input type="checkbox"/> Signs   |
| <input type="checkbox"/> Major landscaping or hardscaping, such as large trees, berms, or retaining walls, water features                          |
| <input type="checkbox"/> Areas of activity, outdoor seating, food vendor area, stockpiling, open pit, etc.   |
| <input type="checkbox"/> Any other site features worth noting  |

**The Letter of Intent is a detailed WRITTEN description of proposed and existing uses at the site. Include all applicable items in your letter:**

- |   |
|---|
| <input type="checkbox"/> A description of the proposed use and existing uses  |
| <input type="checkbox"/> A description of the proposed request and why it is being requested  |
| <input type="checkbox"/> Expected traffic counts and patterns   |
| <input type="checkbox"/> Phasing of development   |
| <input type="checkbox"/> How proposed use may affect neighboring uses   |
| <input type="checkbox"/> A description or further explanation of the site features (see site plan list above)                             |
| <input type="checkbox"/> Explanation of any other permits through other agencies that may be required                                     |
| <input type="checkbox"/> Description of business operations, such as number of employees, hours of operation, delivery and shipping       |
| <input type="checkbox"/> A description of how the proposed use is consistent with specific zoning criteria or comprehensive plan policies |
| <input type="checkbox"/> Any other items which may require further explanation  |

# **DIRECTOR'S DECISION APPLICATION PROCESS**

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1.

- DUE DILIGENCE BY APPLICANT (PARCEL INQUIRY OR PRE-APP MEETING)

2.

- SUBMIT APPLICATION & FEES TO DEVELOPMENT SERVICES

3.

- APPLICATION REVIEW BY STAFF

4.

- NOTIFICATION PERIOD TO AGENCIES & NEIGHBORS (15 DAYS) (if required)

5.

- DECISION PREPARATION BY STAFF

6.

- DIRECTOR APPROVAL

7.

- RECORDATION OF DOCUMENTS (if applicable)

8.

- APPEAL PERIOD



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## AFFIDAVIT OF LEGAL INTEREST

I, \_\_\_\_\_ , \_\_\_\_\_  
(name) (address)

\_\_\_\_\_  
(city) (state) (zip code)

being first duly sworn upon oath, depose and say:

1. That I am the owner of record of the property described on the attached application and I grant my permission to

\_\_\_\_\_  
(name) (address)

to submit the accompanying application pertaining to the subject property.

2. I agree to indemnify, defend and hold Canyon County and its employees harmless from any claims to liability resulting from any dispute as to the statements contained herein or as to the ownership of the property, which is the subject of the application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(signature)

STATE OF IDAHO )

ss

COUNTY OF CANYON )

On this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me \_\_\_\_\_,  
a notary public, personally appeared \_\_\_\_\_, personally known  
to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that  
he/she executed the same.

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_