



APPEAL OF DECISION

CHECKLIST

GENERAL APPEAL PROCEDURE CCZO - Section 07-05-05 or 07-05-07

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/Statement of Reason		
Fee: Per adopted fee schedule		
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.



APPEAL OF DECISION

APPLICATION

APPELLANT	NAME:	
	MAILING ADDRESS:	
	PHONE:	EMAIL:
Property owner: <input type="checkbox"/> Other Appellant: <input type="checkbox"/>		
Signature: _____ Date: _____		

REPRESENTATIVE: IF DIFFERENT FROM THE APPELLANT	NAME:	
	COMPANY NAME:	
	MAILING ADDRESS:	
	PHONE:	EMAIL:

SITE INFO	STREET ADDRESS:
	PARCEL NUMBER:
	PARCEL SIZE:

CASE NUMBER OF REQUESTED APPEAL:	
---	--

FOR DSD STAFF COMPLETION ONLY:

CASE NUMBER	DATE RECEIVED:
RECEIVED BY:	APPLICATION FEE: CK CC CASH



Canyon County Development Services
111 North 11th Avenue, #310
Caldwell, Idaho 83605
www.canyoncounty.id.gov
208-402-4164

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: _____