



AG EXEMPT ZONING COMPLIANCE APPLICATION

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #310, Caldwell, ID 83605

Phone: 208-402-4163

PROPERTY OWNER	OWNER NAME:		
	MAILING ADDRESS:		CITY/ZIP:
	PHONE:		EMAIL:
	By signing this certificate, I, the owner, represent this structure will be used only as an Agricultural Building as defined in Canyon County Zoning Ordinance. I understand any future use of the structure not eligible under Agricultural Exempt Structures is a violation of the Canyon County Building Code Ordinance and code enforcement action may result. I also agree to additional future inspections to verify the structure is only used as an agricultural exempt structure. All information on application is accurate information to the best of my knowledge and represents the intended use of the structure.		
Required:	Owner Signature: _____ Date: _____		
(AGENT) ARCHITECT ENGINEER BUILDER	CONTACT NAME:		CONTRACTOR LICENSE#:
	COMPANY NAME:		
	MAILING ADDRESS:		CITY/ZIP:
	PHONE:		EMAIL:
SITE INFO	STREET ADDRESS:		CITY/ZIP:
	PARCEL #:	LOT SIZE:	FLOODZONE (YES/NO):
	CURRENT ZONE:		FUTURE ZONE:
All Answers are Required			
<ul style="list-style-type: none">• Copy of deed or sales agreement• Copy paper size of Floor Plan with rooms labeled.• Letter of Intent – REQUIRED TO BE SIGNED• Copy paper size of Site Plan showing distance		As part of the letter of intent , answer the follow questions: 1. What is the purpose of the building? 2. Who will be in the building? 3. What will be stored in the building?	
Is the property zoned agricultural?			
Is the property 5 acres or more in size?			
Is the property receiving an agricultural tax exemption?			
Is the structure going to have anyone residing in it?			
Is this structure a place used by the public?			
Is this structure a place of employment where agricultural products are processed, treated, package or sold?			
Is this structure to be used to store RV, Boat, or camper?			
TOTAL SQUARE FEET		VALUE	Yes or No
		\$	

****INCOMPLETE APPLICATIONS SHALL NOT BE ACCEPTED FOR REVIEW****



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The Builder affirms that he/she is an appointed representative of the property owner for the sole intent of filing an application for this permit. Builder agrees to indemnify, defend, and hold harmless Canyon County, its elected officials, offices, departments, employees and agents against all liability related to signing this form.

Builder Signature: _____ *Date:* _____

Printed Name: _____ *Daytime phone #:* _____

APPLICATIONS WILL BE REVIEWED FOR ZONING COMPLIANCE.

Application payment shall be made at time of zoning compliance permit issuance.

CASE NUMBER:

DATE RECEIVED:

RECEIVED BY:

APPLICATION FEE:

CK MO CC CASH