



Planning & Zoning Department

Annexation/Zoning Checklist

Staff Use Only	
Project Name: _____	
File Number: _____	Received date: _____

Nonrefundable Fee: **\$452.00** (1 acre or less) or **\$910.00** (more than 1 acre)

Please provide the following required documentation to complete the application

Applicant	Staff	Description
A copy of <u>ONE</u> of the following		
		A recorded warranty deed for the property
		Proof of option
		Earnest money agreement
One copy of <u>EACH</u> of the following		
		A sketch drawing of the site & any adjacent property affected, showing all existing & proposed locations of streets, easements, property lines, uses structures, driveways, pedestrian walks, off-street parking & off-street loading facilities and landscaped areas, preliminary or final building plans & building elevations, together with any other information considered pertinent to the determination of this matter.
		Signed & Notarized Affidavit of Legal Interest. Form must be completed by the legal owner (if the owner is a corporation, submit a copy of the Articles of Incorporation or other evidence to show that the person signing is an authorized agent)
		A Professional Land Surveyor or Engineer verified original legal description of property in a legible WORD formatted document (must have for final recording). Old or illegible title documents will need to be retyped in a WORD formatted document.
		Narrative fully describing the reason for the proposed annexation and any proposed plans for the use of the subject property.
		Associated fees
		Master Application form

NOTICE TO APPLICANT

This application will be referred to the Nampa Planning Commission for a recommendation on the requested zoning. The Planning Commission shall hold a public hearing and will then make its recommendation to the City Council. The City Council will then hold a second public hearing. Notice of the public hearings must be published in the Idaho Press-Tribune 15 days prior to said hearings. Notice shall also be posted on the premises of the subject property not less than 1 week prior to the hearings. Notices will also be mailed to property owners or purchasers of record within 300 feet of the subject property. You will be given notice of the public hearings and should be present to answer any questions.



Planning & Zoning Department Master Application

Staff Use Only

Project Name: _____
 File Number: _____
 Related Applications: _____

Type of Application

- | | |
|---|---|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Planned Unit Development/MPC |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> RV Park |
| <input type="checkbox"/> Building & Site Design | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Short |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Final |
| <input type="checkbox"/> Modification | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Kennel License | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Zoning Map/Ordinance Amendment |
| <input type="checkbox"/> Legal Non-Conforming Use | <input type="checkbox"/> Other: _____ |

You must attach any corresponding checklists with your application or it will not be accepted

Applicant Name: _____ Phone: _____
 Applicant Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Interest in property: Own Rent Other: _____

Owner Name: _____ Phone: _____
 Owner Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Contractor Name (e.g., Engineer, Planner, Architect): _____
 Firm Name: _____ Phone: _____
 Contractor Address: _____ Email: _____
 City: _____ State: _____ Zip: _____

Subject Property Information

Address: _____

Parcel Number(s): _____ Total acreage: _____ Zoning: _____

Type of proposed use: Residential Commercial Industrial Other: _____

Project/Subdivision Name: _____

Description of proposed project/request: _____

Proposed Zoning: _____ Acres of each proposed zone: _____

Development Project Information (if applicable)

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, Other)		
Open Space		
Total		

Please answer all questions that are relevant to your project

Minimum square footage of structure: _____ Maximum building height: _____

Minimum property size (s.f.): _____ Average property size (s.f.): _____

Gross density: _____ Net density: _____

Type of dwelling proposed: Single-family Detached Single-family Attached

Duplex Multi-family Condo Other: _____

Proposed number of units: _____

Total number of parking spaces provided: _____

% of open space/common area: _____

Completed applications and checklists can be sent to: pzall@cityofnampa.us

Authorization

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____



City of Nampa

PLANNING and ZONING DEPARTMENT

OFFICE (208) 468-5484

CITY HALL

411 THIRD STREET SO.

NAMPA, IDAHO 83651

FAX (208) 465-2261

AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO)
 :SS
COUNTY OF CANYON)

A. I, _____, whose address is _____, being first duly sworn upon oath, depose and say that I am the owner of record of the property described on the attached application.

B. I grant my permission to _____, whose address is _____, to submit the accompanying application pertaining to the property described on the attached application.

C. I agree to indemnify, defend and hold the City of Nampa and its employees harmless from any claim or 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 _____, _____.

Signature

SUBSCRIBED AND SWORN to before me the ____ day of _____, _____.

Notary Public for Idaho
Residing at: _____
Commission Expires: _____