



Planning & Zoning Department

Appeal Application/Checklist

Staff Use Only

Application and Fee Accepted on: _____

Project Name: _____ APL-_____-20_____

Applicant contacted on _____ by _____ Appeal is by applicant

If the appellant is not the applicant, the applicant must be contacted immediately following the acceptance of this appeal.

Nonrefundable Fee: **\$350.00**

Applications for appeals accompanied by the appropriate fee, as established by resolution of the City Council, shall be filed with the Planning and Zoning department within fifteen (15) days of the hearing, in order to be considered.

I (we) _____, hereby appeal the decision of the Nampa City:

- Planning & Zoning Commission
 Planning Director
 Design Review Committee
 Historic Preservation Commission
 Design Review Staff Level
 Other _____

File Number of the Project Being Appealed: _____

Name of Project: _____

**Please provide the following required documentation to complete the application.
The application will not be accepted unless all required documentation is received.**

| Applicant | Staff | Description |
|-----------|-------|--|
| | | Completed Checklist (this form) |
| | | Completed Master Application (attached) |
| | | A narrative fully describing the action being appealed and the grounds for appeal (please reference specific findings written in the action letter by staff) |
| | | Associated fees |

Notice to Applicant:

1. If the reasons for the appeal are resolved prior to the appeal hearing, please contact Planning and Zoning Staff at 468-4430.
2. The only topics which may be discussed during the appeal hearing are the specific reasons for the appeal as stated in the application.
3. Neighborhood groups are encouraged to elect a spokesperson for appeals that are supported by numerous residents of the project to avoid a duplication of testimony.

Signature of Appellant/Representative: _____ Date: _____



Planning & Zoning Department

Master Application

Staff Use Only

Project Name: _____

File Number: _____

Related Applications: _____

Type of Application

- | | |
|---|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Legal Non-Conforming Use |
| <input type="checkbox"/> Annexation/Pre-Annexation | <input type="checkbox"/> Planned Unit Development/MPC |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Short |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Preliminary |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Final |
| <input type="checkbox"/> Multi-Family Housing | <input type="checkbox"/> Condo |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Modification | <input type="checkbox"/> Fireworks Stand |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Kennel License | <input type="checkbox"/> Staff Level |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Zoning Map/Ordinance Amendment (Rezone) |
| <input type="checkbox"/> Mobile Home Park | <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, etc.) | | |
| Right of Way (internal roadways, ROW to be dedicated, etc.) | | |
| Qualified 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 qualified open space: _____

Additional information may be requested after submittal.

Authorization

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____