



Planning & Zoning Department
Subdivision Condo Plat Checklist
Nonrefundable Fee: \$500

Staff Use Only

Project Name: _____

File Number: _____

Please ensure that you have had a pre-application meeting or discussion with a member of Planning and Zoning staff prior to submitting your application.

Did you discuss this application with a planner? Yes No

Date of Pre-App Meeting/Discussion: ____/____/____ Type (in person, phone, email, etc.) _____

Please provide the following required documentation to complete the application. Applications should be submitted through the Citizen Self Service (CSS) portal online. Instructions can be found on our website cityofnampa.us/255/Planning-Zoning under the *Apply for a Planning Permit* link.

Applicant	Staff	Description
		Affidavit of legal interest (If different from Preliminary Plat)
		Auto CAD File and PDF of Final Plat (full size)
		Legal description of plat boundary of the plat
		Associated fees
		Master Application form

Additional materials may be requested upon review.

NOTICE TO APPLICANT

ROUTING – Applications will be scheduled as a Consent Item for approval by the City Council. All information on this checklist shall be submitted at least 41 days prior to the desired City Council Meeting. City Council meetings are held on the 1st & 3rd Mondays of each month.



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: _____



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: _____