

# City of New Meadows

## Conditional Use Permit Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_  
Month/Day/Year (Applicant)

Mailing Address: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(Owner or Stakeholder of Valid Option)

Mailing Address: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Location: \_\_\_\_\_ Lot/Block Number: \_\_\_\_\_

**APPLICATION PROCEDURE:** At a minimum, the application shall contain the following information before application is to be accepted:

1.  Name, address and phone number of applicant
2.  Name, address and phone number of owner or stake holder
3.  Legal Description of the property
4.  Description of existing use
5.  Zone District
6.  Description of proposed variance or conditional use
7.  Site Plan (drawn to scale which shows the property that is under consideration, location of all improvements and the specific information concerning the request)
8.  Objective narrative stating the reasoning for a variance or conditional use and the justification of the request
9.  Certificate of Ownership (the certification of a reputable Title Insurance Company licensed under the laws of the State of Idaho as to the ownership of the property and of any interest shown therein of record.)
10.  A list of all property owners and their mailing within a 300 foot radius from external property boundaries of the subject property. (This information must be provided by and certified to by a licensed Title Company doing business in Adams County)
11.  ALL applicable application fees (applicant to be invoiced for all postage, advertisements, legal review, engineering review after process)

	Fee:	Paid:
Conditional Use Permit-Residential	\$100	
Conditional Use Permit-Non-Residential	\$250	

The date of the public hearing will be established by the Administrator upon acceptance of a completed application and review.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner of Record Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### CONDITIONAL USE CHECKLIST (TO BE COMPLETED BY ADMINISTRATOR)

	Yes	No
1. Application:		
a) Letter of explanation	<input type="checkbox"/>	<input type="checkbox"/>
b) Name of applicant	<input type="checkbox"/>	<input type="checkbox"/>
c) Legal Description	<input type="checkbox"/>	<input type="checkbox"/>
d) Map of Area	<input type="checkbox"/>	<input type="checkbox"/>
e) Drawings to Scale showing shape and size	<input type="checkbox"/>	<input type="checkbox"/>
f) Signatures	<input type="checkbox"/>	<input type="checkbox"/>
g) Filing Fee	<input type="checkbox"/>	<input type="checkbox"/>
h) Affidavit of Legal Interest	<input type="checkbox"/>	<input type="checkbox"/>
2. Lot Size-Specific Condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Height, size or location of buildings – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
4. Set Back – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
5. Vehicle Access Points	<input type="checkbox"/>	<input type="checkbox"/>
6. Street Modification	<input type="checkbox"/>	<input type="checkbox"/>
7. Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>
8. Signs-Specific Condition	<input type="checkbox"/>	<input type="checkbox"/>
9. Diking, fencing, screening landscaping or other facilities to protect adjacent property	<input type="checkbox"/>	<input type="checkbox"/>
10. Open Spaces – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
11. Site Report form S. W. District Health with appropriate written approval	<input type="checkbox"/>	<input type="checkbox"/>
12. Written approval from regulatory agencies	<input type="checkbox"/>	<input type="checkbox"/>
13. Location of existing or proposed Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>
14. Copy of Restrictive Covenants	<input type="checkbox"/>	<input type="checkbox"/>
15. Notification to Adjacent property owners by Clerk	<input type="checkbox"/>	<input type="checkbox"/>
16. Fire Protection (Uniform Fire Code)	<input type="checkbox"/>	<input type="checkbox"/>
17. Home-Based Occupations		
a) Participation/Employees	<input type="checkbox"/>	<input type="checkbox"/>
b) Character of activity	<input type="checkbox"/>	<input type="checkbox"/>
c) On premise client/patron contact	<input type="checkbox"/>	<input type="checkbox"/>
d) Traffic generation	<input type="checkbox"/>	<input type="checkbox"/>
e) Noise	<input type="checkbox"/>	<input type="checkbox"/>
f) Equipment / Restriction	<input type="checkbox"/>	<input type="checkbox"/>
g) Parking	<input type="checkbox"/>	<input type="checkbox"/>
h) Prohibited Uses	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT OF LEGAL INTEREST**

STATE OF IDAHO, )  
  ) ss.  
County of Adams.  )

I, \_\_\_\_\_, residing at \_\_\_\_\_  
  (name)  (street address)  
\_\_\_\_\_, \_\_\_\_\_, being first  
  (city)  (state/zip code)  
duly sworn upon oath, depose and say:

1. That I am the record owner of the property described on the attached, and I grant my permission to:

\_\_\_\_\_, \_\_\_\_\_  
  (name)  (address)  
to submit the accompanying application pertaining to that property.

2. I agree to indemnify, defend and hold the City of New Meadows 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at:  
My commission expires: