



AGRICULTURAL PRODUCE STAND (ACC 8-5-3-98)

An Agricultural Produce Stand requires the issuance of a **Zoning Certificate**

SITE INFORMATION:

Section: _____ Township: _____ Range: _____ Total Acres: _____
 Subdivision Name: _____ Lot: _____ Block: _____
 Site Address: _____ City: _____
 Tax Parcel Number(s): _____
 Zoning District: _____ Overlay District(s): _____

GENERAL INFORMATION:

Is the proposed structure located on a Farm: YES NO
FARM: A property in agricultural use that is five (5) acres in size or greater.

Does the property currently have Agricultural Exemption: YES NO

Is the property a minimum of five (5) acres in size: YES NO

Total square footage of proposed structure(s): _____

Type(s) of produce that will be sold: _____

Display and sale of produce shall be from **May 1 to October 31** each year only *Applicant Initials:* _____

Is the produce stand accessed from a private roadway: YES NO
If yes, then the following shall be demonstrated:
 a. The private road does not provide access or frontage to any other property, **or**
 b. Existing or updated recorded maintenance agreement addresses & permits nonresidential use of the private road.

I certify that the hours of operation shall be between the hours of **eight o'clock (8:00) A.M. and eight o'clock (8:00) P.M.** *Applicant Initials:* _____

I certify that the produce stand shall only sell produce grown **on the premises:** *Applicant Initials:* _____

On premise sign proposed: YES NO *Signage shall not exceed 32-sq.ft. & removed when operation closes for season.*

SITE PLAN: (Include the following, drawn to scale/dimensioned):

Property lines & Existing easements Parking area for customers
 Existing & Proposed structures Septic & Well locations
 Front, rear & side setbacks
 Area dedicated to the sale, display and storage of produce (*shall not exceed 400-square feet in size*)

APPLICANT/AGENT: (Please print)

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct to the best of my knowledge: _____
 Signature (Applicant)

PROPERTY OWNER(S): (Please print)

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Email: _____

I certify this information is correct, and allow Development Services staff to enter the property for related site inspections. I agree to indemnify, defend and hold Ada County and its employees harmless from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of the application.

Signature: Owner(s) of Record _____ Date _____
 Signature: Owner(s) of Record _____ Date _____

OFFICE USE ONLY:

RECEIVED BY: _____	DATE: _____	DATE STAMPED: <input type="checkbox"/>
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