



MASTER APPLICATION/PETITION REQUEST

ADA COUNTY DEVELOPMENT SERVICES

200 W. Front Street, Boise, Idaho 83702. www.adaweb.net phone: (208) 287-7900 fax: (208) 287-7909

TYPE OF ADMINISTRATIVE APPLICATION:

- ACCESSORY USE*
- FARM DEVELOPMENT RIGHT
- FLOODPLAIN PERMIT
- HILLSIDE DEVELOPMENT*
- HIDDEN SPRINGS ADMINISTRATIVE
- HIDDEN SPRINGS SPECIAL EVENT
- LIGHTING PLAN
- LANDSCAPE PLAN
- DRAINAGE PLAN
- MASTER SITE PLAN*
- EXPANSION NONCONFORMING USE
- ONE TIME DIVISION
- PRIVATE ROAD
- PROPERTY BOUNDARY ADJUSTMENT
- PLANNED UNIT DEVELOPMENT (PUD)
- SIGN PLAN
- TEMPORARY USE*

TYPE OF HEARING LEVEL APPLICATION:

- CONDITIONAL USE
- DEVELOPMENT AGREEMENT
- SUBDIVISION, PRELIMINARY*
- PLANNED COMMUNITIES*
- SUBDIVISION, SKETCH PLAT*
- VACATION
- VARIANCE
- ZONING MAP AMENDMENT
- ZONING TEXT AMENDMENT

TYPE OF HEARING LEVEL PETITION:

- COMPREHENSIVE PLAN MAP OR TEXT AMENDMENT PETITION CHECKLIST

TYPE OF ADDENDA:

- APPEAL
- ADMINISTRATIVE MODIFICATION
- DEVELOPMENT AGREEMENT MODIFICATION
- FINAL PLAT
- TIME EXTENSION

REQUIRED SUBMITTALS:

- CHECKLIST for applicable application(s). If multiple applications, do not duplicate submittals.
- *SUPPLEMENTAL WORKSHEET REQUIRED

SITE INFORMATION:

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

OFFICE USE ONLY

Project #.:	Planning Fees/GIS:	Engineering Fees:
Received By: _____ Date: _____ Stamped <input type="checkbox"/>		

APPLICANT/AGENT: (Please print)	ADDITIONAL CONTACT if applicable: (Please Print)
Name: _____	Name: _____
Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____	Telephone: _____ Fax: _____ Email: _____
I certify this information is correct to the best of my knowledge. _____	ENGINEER/ SURVEYOR if applicable: (Please Print) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ Email: _____
Signature: (Applicant) _____ Date _____	

OWNER (S) OF RECORD: (Please Print)	OWNER (S) OF RECORD: (Please Print)
Name: _____	Name: _____
Address: _____ City: _____ State: _____ Zip: _____	Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____	Telephone: _____ Fax: _____ Email: _____
I consent to this application, 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. _____	I consent to this application, 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: All Owner (s) of Record _____ Date _____	Signature: All Owner (s) of Record _____ Date _____

ALL OWNER(S) OF RECORD (ON THE CURRENT DEED) MUST SIGN (Additional Sheets are Available Online)

If the property owner(s) are a business entity, please include business entity documents, including those that indicate the person(s) who are eligible to sign documents.