MASTER APPLICATION

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #310, Caldwell, ID 83605

zoninginfo@canyoncounty.id.gov Phone: 208-454-7458 Fax: 208-454-6633



	OWNER NAME:			
PROPERTY	MAILING ADDRESS:			
OWNER	PHONE: E	MAIL:		
I consent to this application and allow DSD staff / Commissioners to enter the property for site inspections. If owner(s) are a business entity, please include business documents, including those that indicate the person(s) who are eligible to sign.				
Signature:	Date:			
(AGENT)	CONTACT NAME:			
ARCHITECT	COMPANY NAME:			
ENGINEER BUILDER	MAILING ADDRESS:			
	PHONE: E	MAIL:		
	STREET ADDRESS:			
SITE INFO	PARCEL#:	LOT SIZE/AREA:		
	LOT: BLOCK: S	UBDIVISION:		
	QUARTER: SECTIO	N: TOWNSHIP:	RANGE:	
	ZONING DISTRICT:	FLOODZONE (YES/NO):		
HEARING	CONDITIONAL USE	COMP PLAN AMENDMENT	CONDITIONAL REZONE	
LEVEL	ZONING AMENDMENT (REZONE)	_DEV. AGREEMENT MODIFICATION	VARIANCE > 33%	
APPS		VACATION	APPEAL	
	SHORT PLAT SUBDIVISIONPREI	IMINARY PLAT SUBDIVISION	_FINAL PLAT SUBDIVISION	
DIRECTORS	ADMINISTRATIVE LAND DIVISION	EASEMENT REDUCTION	SIGN PERMIT	
DECISION	PROPERTY BOUNDARY ADJUSTMENT	HOME BUSINESS	VARIANCE 33% >	
APPS	PRIVATE ROAD NAME	TEMPORARY USE	DAY CARE	
	XOTHER Flood Plain Development Per	mit		
CASE NUMBER:		DATE RECEIVED:		
RECEIVED BY	:	APPLICATION FEE:	CK MO CC CASH	



CANYON COUNTY DEVELOPMENT SERVICES BUILDING DEPARTMENT

CREDIT CARD AUTHORIZATION FORM

I	ision, to charge my credit card	County d account in the			
Parcel Inquiry #	_				
Building Permit #					
Zoning Permit #	_				
Other Permit: Flood Plain Development Permit					
Cardholder – Print Name	Date				
Cardholder's Signature	Contact Phone #	Your Fax #			
 □ VISA □ MasterCard □ American Express □ Discover Debit cards will be processed as credit transactions 					
Credit Card Number:					
Expiration Date:	_ Security Code on Back of	Card:			
Billing Address:					
City:	Zip Code:				

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