



DESIGN DEPARTURE REQUEST ADMINISTRATIVE REVIEW

STAFF USE ONLY			
Date Submitted: _____	Received by: _____	Fee paid: _____	Project # _____

REQUIRED SUBMITTALS

Application Fee: 100.00

***Includes up to two design departures**

A **COMPLETE APPLICATION** is required at time of application submittal, as determined and accepted by the Planning Department located at <http://cdaid.org/1105/departments/planning/application-forms>.

Application form

A written narrative and/or graphic form: Including a description of the departure(s) requested:

- How it meets the intent statements relating to applicable development standards and design guidelines.
- How the departure will not have a detrimental effect on nearby properties or the city as a whole.
- How the project's building(s) exhibits a high degree of craftsmanship, building detail, architectural design, or quality of materials that are not typically found in standard construction. In order to meet this standard, an applicant must demonstrate that the project's design offers a significant, an applicant must demonstrate that the project's design offers a significant improvement over what otherwise could have been built under minimum standards and guidelines.
- How the proposed departure is part of an overall, thoughtful and comprehensive approach to the design of the project as a whole.
- How the project is consistent with the comprehensive plan and any applicable plan.
- A summary of the proposed project.

APPLICATION INFORMATION

PROPERTY OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:
APPLICANT OR CONSULTANT:		STATUS: ENGINEER OTHER
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:

FILING CAPACITY

- Recorded property owner as to of _____
- Purchasing (under contract) as of _____
- The Lessee/Renter as of _____
- Authorized agent of any of the foregoing, duly authorized in writing. *(Written authorization must be attached)*

SITE INFORMATION (Attach additional information if more space needed):

GENERAL LOCATION OR ADDRESS OF THE PROPERTY:
GROSS AREA/ACRES):
TOTAL NET AREA:
TOTAL NUMBER OF LOTS INCLUDED:
EXISTING CITY ZONING (CHECK ALL THAT APPLY): INFILL OVERLAY DISTRICT (IF APPLICABLE): _____
<i>R-1</i> <input type="checkbox"/> <i>R-3</i> <input type="checkbox"/> <i>R-5</i> <input type="checkbox"/> <i>R-8</i> <input type="checkbox"/> <i>R-12</i> <input type="checkbox"/> <i>R-17</i> <input type="checkbox"/> <i>MH-8</i> <input type="checkbox"/> <i>NC</i> <input type="checkbox"/> <i>C-17</i> <input type="checkbox"/> <i>C-17L</i> <input type="checkbox"/> <i>DC</i> <input type="checkbox"/> <i>LM</i> <input type="checkbox"/> <i>M</i> <input type="checkbox"/> <i>NW</i> <input type="checkbox"/>
CURRENT LAND USE/PROPOSED LAND USE:
DESCRIPTION OF PROJECT/REASON FOR REQUEST(S):

CERTIFICATION OF APPLICANT:

I, _____, being duly sworn, attests that he/she is the applicant of this
(Insert name of applicant)

request and knows the contents thereof to be true to his/her knowledge.

Signed:

(applicant)

Notary to complete this section for applicant:

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Public for Idaho Residing at: _____

My commission expires: _____

Signed: _____

(notary)

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD:

I have read and consent to the filing of this application as the owner of record of the area being considered in this application.

Name: _____ Telephone No.: _____

Address: _____

Signed by Owner: _____

Notary to complete this section for all owners of record:

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public for Idaho Residing at: _____

My commission expires: _____

Signed: _____

(notary)

**For multiple applicants or owners of record, please submit multiple copies of this page.*

I (We) the undersigned do hereby make petition for a design departure of the property described in this petition, and do certify that we have provided accurate information as required by this petition form, to the best of my (our) ability.

DATED THIS _____ DAY OF _____ 20_____

