

DESIGN DEPARTURE REQUEST ADMINSTRATIVE REVIEW

STAFF USE ONLY							
Date Subm	itted:F	Received by:	Fee paid:	Project #			
REQUIF	RED SUBMI	TTALS		Application Fee: 100.00 *Includes up to two design departure	es		
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:							
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CITY:			STATE:	ZIP:			
PHONE:		Fax:	EMAIL:	1			
APPLICANT O	R CONSULTANT:			STATUS: ENGINEER OTHER	R		
Mailing Address:							
Сіту:			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):						
R-1 R-3 R-5 R-8 R-12 R-17 MH-8 NC C-17 C-17 DC LM M NW						
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)						
(applicant)						
Notary to complete this section for applicant:						
Subscribed and sworn to me before thisday of, 20						
Notary Public for Idaho Residing at:						
My commission expires:						
Signod:						

CERTIFICATION OF PROPERTY OWNER(S) OF RECORD:

I have read and consent to the filing of this appropriation.	olication as the owner of record of the area being
Name:	Telephone No.:
Address:	
	Signed by Owner:
Notary to complete this section for all owners of rec	cord:
Subscribed and sworn to me before this	day of, 20
Notary Public for Idaho Residing at:	
	My commission expires:
	Signed:
*For multiple applicants or owners of record, please	submit multiple copies of this page.
I (We) the undersigned do hereby make petition for petition, and do certify that we have provided accur the best of my (our) ability. DATED THIS DAY OF	