

City of Notus

P.O. Box 257
375 Notus Road
Notus, Idaho 83656
Office: 208-459-6212
Fax: 208-459-0925
Notuscityclerk@gmail.com

Master Application Form

STAFF USE ONLY:

Project Name: _____ File Number: _____

Applicant/Agent: _____ Date Received: _____

Type of Application

- | | |
|---|---|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Subdivision – Preliminary Plat |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Subdivision – Final Plat |
| <input type="checkbox"/> Ordinance Amendment | <input type="checkbox"/> Subdivision – Short Plat |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Planned Unit Developments |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> _____ |

Subject Property Information

Address: _____

Parcel Number(s): _____ Subdivision: _____

Block: _____ Lot: _____ Acreage: _____ Zoning: _____

Prior Use of Property: _____

Proposed Use of Property: _____

Applicant Information

Applicant Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Owner Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Cell:** _____

Agent Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Cell:** _____

Development Project Information (if applicable)

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, Other)		
Open Space		
Total		

Please answer all questions relevant to your project.

Minimum square footage of structure: _____ Maximum building height: _____

Minimum property size (sf): _____ Average property size (sf): _____

Gross density: _____ Net density: _____

Type of dwelling proposed: Single-family detached Single-family attached

Duplex Multi-family Condo Other: _____

Proposed number of units: _____

Total number of parking spaces provided: _____

Percentage of open space/common area: _____

Authorization

Print Applicant Name: _____

Applicant Signature: _____ Date: _____

City Staff

Received by: _____ Received Date: _____