

# Boise County Planning and Zoning Department

413 Main Street, PO Box 1300

Idaho City, Idaho 83631

Phone: 208-392-2293

[www.boisecounty.us](http://www.boisecounty.us)



## MASTER PUBLIC HEARING APPLICATION

TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> APPEAL                 | <input type="checkbox"/> MINOR PLAT SUBDIVISION       | <input type="checkbox"/> AMENDED PLAT SUBDIVISION |
| <input type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> PRELIMINARY PLAT SUBDIVISION | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT |
| <input type="checkbox"/> VARIANCE               | <input type="checkbox"/> FINAL PLAT SUBDIVISION       | <input type="checkbox"/> OTHER _____              |
| <input type="checkbox"/> ROAD NAME CHANGE       | <input type="checkbox"/> VACATION OF SUBDIVISION      |   |
| <input type="checkbox"/>                        |   |   |

HEARING BEFORE:  BOARD OF COUNTY COMMISSIONERS  P&Z COMMISSION

PROJECT NAME: \_\_\_\_\_

### SITE INFORMATION:

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Current Land Use: \_\_\_\_\_

### OWNER(S) OF RECORD:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to this application, I certify this information is correct, and allow Planning and Zoning staff to enter the property for related site inspections. I agree to indemnify, defend and hold harmless Boise County and its employees 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 this application.

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Signature: All Owner(s) of Record \_\_\_\_\_ Date \_\_\_\_\_

Signature: Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Changes to the parcel(s) boundary listed on this application may not become effective in the Assessor's Office until the calendar year following the application date.**