



Planning & Zoning Department
Subdivision Condo Plat Checklist
Nonrefundable Fee: \$500

Staff Use Only

Project Name: _____
File Number: _____

Please provide the following required documentation to complete the application. Applications should be submitted through the Citizen Self Service (CSS) portal online. Instructions can be found on our website cityofnampa.us/255/Planning-Zoning under the *Apply for a Planning Permit* link.

✓	Description
	Date of Pre-App Meeting/Discussion (<i>expires in 6 months</i>): ____/____/____ Attach Planning notes provided by a City Planner during this meeting/discussion.
	Signed & Notarized Affidavit of Legal Interest. Form <u>must</u> be completed by the legal owner (if the owner is a corporation, submit a copy of the Articles of Incorporation or other evidence to show that the person signing is an authorized agent)
	Auto CAD File and PDF of Final Plat (full size)
	Legal description of plat boundary of the plat
	Associated fees
	Master Application form
	Condo Plat Checklist (This Document)

Additional materials may be requested upon review.

NOTICE TO APPLICANT

ROUTING – Applications will be scheduled as a Consent Item for approval by the City Council. All information on this checklist shall be submitted at least 41 days prior to the desired City Council Meeting. City Council meetings are held on the 1st & 3rd Mondays of each month.



City of Nampa

PLANNING and ZONING DEPARTMENT
500 12th Ave S. NAMPA, IDAHO 83651

OFFICE (208) 468-4430

AFFIDAVIT OF LEGAL INTEREST

STATE OF _____)
:SS
COUNTY OF _____)

- A. I, _____ (Owner's name), whose address is _____, being first duly sworn upon oath, depose and say that I am the owner of record of the property described on the attached application.
- B. I grant my permission to _____ (representative/applicant's name), whose address is _____, to submit the accompanying application pertaining to the property described on the attached application.
- C. I agree to indemnify, defend and hold the City of Nampa and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, _____.

Owner's
Signature

SUBSCRIBED AND SWORN to before me the _____ day of _____, _____.

Notary Public for Idaho
Commission Expires: _____



Planning & Zoning Department

Master Application

Staff Use Only

Project Name: _____

File Number: _____

Related Applications: _____

Type of Application

- | | |
|--|--|
| ☐ Accessory Structure | ☐ Legal Nonconforming Use |
| ☐ Annexation/Pre-Annexation
(This will include a zone designation) | ☐ Planned Unit Development/MPC |
| ☐ Appeal | ☐ Subdivision |
| ☐ Design Review | ☐ Short |
| ☐ Comprehensive Plan Amendment | ☐ Preliminary |
| ☐ Conditional Use Permit | ☐ Final |
| ☐ Multi-Family Housing | ☐ Condo |
| ☐ Development Agreement | ☐ Temporary Use Permit |
| ☐ Modification | ☐ Fireworks Stand |
| ☐ Home Occupation | ☐ Vacation |
| ☐ Daycare (# of children _____) | ☐ Variance |
| ☐ Kennel License | ☐ Staff Level |
| ☐ Commercial | ☐ Zoning Map/Ordinance Amendment (Rezone)
(Not needed for an annexation) |
| ☐ Mobile Home Park | ☐ Other: _____ |

You must attach any corresponding checklists with your application or it will not be accepted

Applicant name: _____ Phone: _____

Applicant address: _____ Email: _____

City: _____ State: _____ Zip: _____

Interest in property: ☐ Own ☐ Rent ☐ Other: _____

Owner name: _____ Phone: _____

Owner address: _____ Email: _____

City: _____ State: _____ Zip: _____

Contractor name (e.g., engineer, planner, architect): _____

Firm name: _____ Phone: _____

Contractor address: _____ Email: _____

City: _____ State: _____ Zip: _____

Subject Property Information

Address: _____

Parcel number(s): _____ Total acreage: _____ Zoning: _____

Type of proposed use: ☐ Residential ☐ Commercial ☐ Industrial ☐ Other: _____

Project/Subdivision name: _____

Description of proposed project/request: _____

Proposed zoning: _____ Acres of each proposed zone: _____

Development Project Information (if applicable)

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Total common area		
Internal roadways	Provide acres only	
Frontage ROW to be dedicated	Provide acres only, if applicable	
Total		

Development Project Information (if applicable)

Minimum residential lot size (s.f.): _____ Maximum residential lot size (s.f.): _____

Gross density: _____ (# of lots divided by gross plat/parcel area)

Subdivision qualified open space: _____ % of gross area _____ acres

Type of dwelling proposed: ☐ Single-family detached ☐ Single-family attached (townhouse)☐ Duplex ☐ Multi-family ☐ Condo ☐ Other: _____**Commercial / Industrial / Multi-Family Project Information (if applicable)**

Min. sq. feet of structure: _____ Max building height: _____ Gross floor area: _____

Proposed number of residential (multi-family) units: _____

Total number of parking spaces provided : _____

Print applicant name: _____

Applicant signature: _____ Date: _____

City Staff

Received by: _____ Received date: _____