Planning & Zoning Department

Subdivision Final Plat Checklist

Staff Use Only

Project Name: _____

File Number: _____ Prelim Plat 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
	Affidavit of legal interest (if different from Preliminary Plat)
	Auto CAD File and PDF of Final Plat (full size)
	Improvement/Construction Drawings (full size)
	Full Geotechnical/Soil Reports with foundation recommendations
	Storm Water Reports
	Traffic Impact Study (if not submitted previously)
	Two legal descriptions of the property (please provide both): • A professional land surveyor-or engineer-verified original legal description of the property • A typed-up, Microsoft Word-formatted version of the legal description of the property.
	Landscape Plans: See NCC 10-33 Show Tree details and planting specifics Show Fencing details to include location, Fence Material and Height
	Open space plan, as outlined in NCC section 10-27-2.B.3.e, showing all requirements listed in NCC Section 10-27-6.M, including the qualified open space calculation (see NCC section 10-27-6.M.8). Colorized exhibit showing common lots & qualified open space is required.
	PDF of the approved Preliminary Plat
	Narrative fully describing the scope of the project
	Proposed building elevations (show a variety of quality elevations)
	Associated fees
	Master Application form
	Preliminary Plat Checklist (This document)

Standard Final Plat Fees

Planning Final Plat Review Fee	$375	$
Plus $25.79 per lot	$25.79 x ( ) =	$
Sewer Model Fee	$300	$
Water Model Fee	$300	$
Fire Department Review Fee	$50	$
	Total=	$

NOTICE TO APPLICANT

ROUTING – Applications will be scheduled as a Business Item to be recommended for approval by the Nampa Planning and Zoning Commission. The recommendation for approval will be scheduled on the following City Council agenda as a consent agenda item. All information on this checklist shall be submitted at least 41 days prior to the desired Planning and Zoning Commission Meeting. Planning and Zoning Commission meetings are held on the 2nd & 4th Tuesday of each month. City Council meetings are held on the 1st & 3rd Mondays of each month.

City of Nampa

PLANNING and ZONING DEPARTMENT **OFFICE (208) 468-4430**

500 12th Ave S. NAMPA, IDAHO 83651

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