

City of New Meadows Application for Design Review

Name of Development: _____ Date: _____
 Name of Developer: _____ Name of Owner: _____
 Contact Phone #: __ (____) _____ - _____ Contact Phone #: __ (____) _____ - _____
 Address: _____ Address: _____

Legal Description of Property: _____
 Current Zoning of Property: _____

APPLICATION PROCEDURE: At a minimum, the application shall contain the following information before application is to be accepted:

1. Name, address and phone number of applicant
2. Name, address and phone number of owner or stake holder
3. Legal Description of the property
4. Conceptual drawings and design of all buildings, landscaping, lighting and parking
5. Site Plan (drawn to scale which shows the property that is under consideration, location of all improvements and the specific information concerning the request)
6. Brief narrative describing the development
7. Certificate of Ownership (the certification of a reputable Title Insurance Company licensed under the laws of the State of Idaho as to the ownership of the property and of any interest shown therein of record.)
8. A list of all property owners and their mailing address within a 300 foot radius from external property boundaries of the subject property. (This information must be from a licensed Title Agency in the State of Idaho)
9. Elevations of each building site (if applicable)
10. Determination of flood plain limits
11. Description of water course alterations or diversion structures (if applicable)
12. Certified by a registered professional engineer that flood proofing and elevations are correct and comply with Section 5 of Ordinance #288-04
13. Availability of public facilities such as streets, sewage, water, etc. to support the proposed uses
14. Compatibility of the allowable uses with the surrounding areas
15. Notarized Affidavit of Legal Interest (if applicable)
16. ALL applicable application fees (applicant to be invoiced for all postage, advertisements, legal review, engineering review during the process)

Description	Fee	Fee Collected (Official Use Only)
Design Review	\$100.00	

The New Meadows Planning & Zoning Commission may require a Design Review Public Hearing at their discretion.

Applicant Signature: _____ Date: _____
 Administrator Signature: _____ Date: _____

City of New Meadows Application for Design Review CHECKLIST

(TO BE COMPLETED BY ADMINISTRATOR)

	Yes	No
1. Application:		
a) Letter of explanation	<input type="checkbox"/>	<input type="checkbox"/>
b) Name of applicant	<input type="checkbox"/>	<input type="checkbox"/>
c) Legal Description	<input type="checkbox"/>	<input type="checkbox"/>
d) Map of Area	<input type="checkbox"/>	<input type="checkbox"/>
e) Drawings to Scale showing shape and size	<input type="checkbox"/>	<input type="checkbox"/>
f) Signatures	<input type="checkbox"/>	<input type="checkbox"/>
g) Filing Fee	<input type="checkbox"/>	<input type="checkbox"/>
h) Affidavit of Legal Interest	<input type="checkbox"/>	<input type="checkbox"/>
2. Lot Size-Specific Condition	<input type="checkbox"/>	<input type="checkbox"/>
3. Height, size or location of buildings – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
4. Set Back – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
5. Vehicle Access Points	<input type="checkbox"/>	<input type="checkbox"/>
6. Street Modification	<input type="checkbox"/>	<input type="checkbox"/>
7. Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>
8. Signs-Specific Condition	<input type="checkbox"/>	<input type="checkbox"/>
9. Diking, fencing, screening landscaping or other facilities to protect adjacent property	<input type="checkbox"/>	<input type="checkbox"/>
10. Open Spaces – Specific Conditions	<input type="checkbox"/>	<input type="checkbox"/>
11. Site Report form S. W. District Health with appropriate written approval	<input type="checkbox"/>	<input type="checkbox"/>
12. Written approval from regulatory agencies	<input type="checkbox"/>	<input type="checkbox"/>
13. Location of existing or proposed Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>
14. Copy of Restrictive Covenants	<input type="checkbox"/>	<input type="checkbox"/>
15. Certified Letters to Adjacent property	<input type="checkbox"/>	<input type="checkbox"/>
16. Fire Protection (Uniform Fire Code)	<input type="checkbox"/>	<input type="checkbox"/>
17. Home-Based Occupations		
a) Participation/Employees	<input type="checkbox"/>	<input type="checkbox"/>
b) Character of activity	<input type="checkbox"/>	<input type="checkbox"/>
c) On premise client/patron contact	<input type="checkbox"/>	<input type="checkbox"/>
d) Traffic generation	<input type="checkbox"/>	<input type="checkbox"/>
e) Noise	<input type="checkbox"/>	<input type="checkbox"/>
f) Equipment / Restriction	<input type="checkbox"/>	<input type="checkbox"/>
g) Parking	<input type="checkbox"/>	<input type="checkbox"/>
h) Prohibited Uses	<input type="checkbox"/>	<input type="checkbox"/>

Notes: _____
