

City of Cascade
PO Box 649
Cascade, ID 83611
(208)382-4279

Land Use Application



NOTICE OF ADDITIONAL FEES

Land use applications may be subject to engineering and legal review for purpose of addressing compliance and conformance issues. The City of Cascade reserves the right to contract these services to private firms. The costs of these reviews are passed on to the applicant. These fees are separate, and in addition to, the City's application and permit fees. Completion of this application signifies consent to these fees.

Engineering Deposit \$ _____ **Legal Review Deposit \$** _____

Date Received: _____ **Fees Paid:** _____

(X all that apply and \$ fee)

- | | |
|--|---|
| <input type="checkbox"/> - \$ _____ Conditional Use Permit | <input type="checkbox"/> - \$ _____ Preliminary Plat |
| <input type="checkbox"/> - \$ _____ Planned Unit Development | <input type="checkbox"/> - \$ _____ Final Plat |
| <input type="checkbox"/> - \$ _____ Rezone | <input type="checkbox"/> - \$ _____ Variance |
| <input type="checkbox"/> - \$ _____ Code Amendment | <input type="checkbox"/> - \$ _____ Vacation / Dedication |
| <input type="checkbox"/> - \$ _____ Annexation | <input type="checkbox"/> - \$ _____ Sign Permit |

PROPERTY OWNER OF RECORD

Property Owner 1: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner 2: _____

Mailing Address: _____

Phone: _____ Email: _____

AGENT / AUTHORIZED REPRESENTATIVE

Applicant/Agent: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Address of Property: _____

Legal Description: _____

Size of Property: _____

Zoning: _____ Proposed Zoning: _____

PROJECT DESCRIPTION

Explain the general nature of what is proposed: (please attach supplemental information if needed): _____

SIGNATURES

The Applicant hereby agrees to pay reasonable attorney fees, including attorney fees on appeal and expenses of the City of Cascade, in the event of a dispute concerning the interpretation or enforcement of the Land Use Application in which the City of Cascade is the prevailing party.

I certify that I have reviewed and understand the procedures and requirements of the Cascade City Code. I give permission for City staff and/or Planning & Zoning Commission members to view and enter the subject property in order to fully review this application. I understand that failure to provide complete and accurate information on this application may lead to denial of this application.

SIGNATURE OF OWNER 1: _____ DATE: _____

SIGNATURE OF OWNER 2: _____ DATE: _____

SIGNATURE OF AGENT: _____ DATE: _____

Additional Notes: _____
