

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

Master Land Use Application



NOTICE OF ADDITIONAL FEES

Land use applications are subject to professional review for purpose of addressing compliance, conformance, situational, and public health and safety issues; professional review may include, but is not limited to, review by engineering, legal, planning, and other qualified professionals not listed here. 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 professional fees are separate, and in addition to, the City's application and permit fees. Submittal of this application signifies Applicant's consent to these fees.

A \$150 Preliminary Review Fee is required at time application is submitted. Preliminary Review determines the complexity of the project, estimating the likely professional fees the Applicant should expect to be responsible for.

Professional Review Deposit: _____

Date Received: _____

Fees: _____

(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"/> - \$ _____ Special Development Subdivision | <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: _____ Company Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Address of Property: _____

Parcel Number(s): _____

Legal Description: _____

Subdivision: _____ Lot: _____ Block: _____ Acreage: _____

Size of Property: _____

Zoning: _____ Proposed Zoning: _____

Existing Use: _____ Proposed Use: _____

PROJECT DESCRIPTION

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

SIGNATURES

The Applicant hereby agrees to pay reasonable Professional Review Fees and attorney fees, including attorney fees on appeal and expenses incurred on behalf 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 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 delay and/or denial of this application.

SIGNATURE OF OWNER 1: _____ DATE: _____

SIGNATURE OF OWNER 2: _____ DATE: _____

SIGNATURE OF AGENT: _____ DATE: _____

Additional Notes: _____

