



# MASTER ADMINISTRATIVE REVIEW APPLICATION

GEM COUNTY DEVELOPMENT SERVICES DEPARTMENT

109 SOUTH MCKINLEY, EMMETT, IDAHO 83617 WWW.GEMCOUNTY.ORG PHONE: (208) 365-5144

**TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY.)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ALTERNATIVE COMPLIANCE (LANDSCAPE PLAN)               | <input type="checkbox"/> FLOODPLAIN DEVELOPMENT PERMIT  | <input type="checkbox"/> SIGN PERMIT               |
| <input type="checkbox"/> CERTIFICATE OF ZONING COMPLIANCE                      | <input checked="" type="checkbox"/> PLAT TIME EXTENSION | <input type="checkbox"/> SUBDIVISION, FINAL        |
| <input type="checkbox"/> CERTIFICATE OF ZONING COMPLIANCE<br>W/ PRIOR APPROVAL | <input type="checkbox"/> PRIVATE ROAD APPLICATION       | <input type="checkbox"/> SUBDIVISION, MINOR        |
| <input type="checkbox"/> DIRECTOR DETERMINATION                                | <input type="checkbox"/> PROPERTY BOUNDARY ADJUSTMENT   | <input type="checkbox"/> TEMPORARY HARDSHIP PERMIT |
| <input type="checkbox"/> DESIGN REVIEW ADMINISTRATOR APPROVAL                  | <input type="checkbox"/> SECONDARY DWELLING SITE PLAN   | <input type="checkbox"/> TEMPORARY USE PERMIT      |

PROJECT NAME: \_\_\_\_\_

**SITE INFORMATION:**

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Current Zoning: \_\_\_\_\_ Current Land Use: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

I certify that the information in this application is correct to the best of my knowledge.

Signature: (Owner) \_\_\_\_\_

Date \_\_\_\_\_

Signature: (Applicant) \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

File No.:

Received By:

Date:

Fee:

Receipt No:



## PLAT TIME EXTENSION REQUEST FORM

GEM COUNTY DEVELOPMENT SERVICES DEPARTMENT

109 South McKinley, Emmett, Idaho 83617 Phone: (208) 365-5144

WWW.GEMCOUNTY.ORG

**FEE: \$40.00**

**SUBDIVISION NAME:** \_\_\_\_\_

**PROPERTY OWNER:**

**APPLICANT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Application Type: \_\_\_\_\_

Application # : \_\_\_\_\_

Signature: (Owner)

Date

Signature: (Applicant)

Date

**ATTACH A LETTER EXPLAINING THE REASON FOR THE REQUEST, LENGTH OF EXTENSION BEING REQUESTED AND ANY SUBDIVISION IMPROVEMENTS THAT HAVE BEEN COMPLETED TO DATE.**

**\*Office Use Only\***

Received By:

Date:

Fee:

Receipt No: