



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

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

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

**APPLICANT:**

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

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

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

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

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

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

**NOTE: THIS APPLICATION MUST BE SUBMITTED WITH THE APPLICABLE CHECKLIST (S).**

OFFICE USE ONLY

File No.:	Received By:	Date:	Fee:	Receipt No.:
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## TEMPORARY HARDSHIP SUBMITTALS AND CHECKLIST

GEM COUNTY DEVELOPMENT SERVICES

NAME OF PERSON IN NEED OF ASSISTANCE: \_\_\_\_\_

Legal description of property where temporary resident will be placed. Attach an exhibit if necessary.

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Describe the reasons why this person needs assistance (age, health, physical disability, etc.) \_\_\_\_\_

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Describe the type of dwelling to be placed on the premises: (manufactured home or RV type, size and where it will be placed on the property).

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Will the temporary dwelling utilize an existing domestic well or will a new well be dug? \_\_\_\_\_

Will the temporary dwelling be hooked to an existing or new septic system? \_\_\_\_\_

An estimate of how long the need for the temporary dwelling will exist? \_\_\_\_\_

### **Submittal Requirements:**

**FEE:** A \$225.00 fee must accompany this completed application. (*Non-refundable*)

**PROOF OF OWNERSHIP OR VALID OPTION HOLDER:** Attach a copy of your property deed, option agreement, quit claim deed, or title report with complete legal description.

**SITE PLAN:** A plan showing location of all existing buildings, parking, driveway(s), well, septic and proposed site for temporary manufactured home for property under consideration. Show the dimensions of the parcel and all building setbacks (front, side, rear).

**PLAT MAP:** Show property under consideration and surrounding properties.

**AERIAL PHOTO:** Show property under consideration and surrounding properties.

**(THE ABOVE ITEMS WILL BE PROVIDED BY THE DEVELOPMENT SERVICES OFFICE)**

**A MEDICAL PROFESSIONAL'S STATEMENT:** (a written and signed statement confirming need of hardship)  
**SIGNED HOME REMOVAL AGREEMENT FORM (SEE ATTACHED)**

### Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
PROOF OF OWNERSHIP		
SITE PLAN		
MEDICAL PROFESSIONAL'S STATEMENT		
HOME REMOVAL FORM		
PLAT MAP	N/A	
AERIAL PHOTO	N/A	
PROPERTY OWNERS WITHIN 300'	N/A	

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*FOR OFFICE USE ONLY\*\*\*

APPLICATION COMPLETION DATE: \_\_\_\_\_



## TEMPORARY HARDSHIP PERMIT DWELLING REMOVAL AGREEMENT FORM

I/We, \_\_\_\_\_  
request approval of Temporary Hardship Permit # \_\_\_\_\_. I/We agree that if Temporary Hardship Permit is approved that the dwelling will require obtaining a Zoning Permit for the placement of the unit. I/We understand and agree that the dwelling may not be placed on a permanent foundation. I/We understand and agree that a condition of approval of the Temporary Hardship Permit is that when the need no longer exists, or if the property is sold, the permit is void and the dwelling **must be removed within sixty (60) days**.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Property Owner

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Applicant (if different)

## **TEMPORARY HARDSHIP PERMIT APPLICATION PROCESS**

### **APPLICATION AND NOTIFICATION:**

The application for a temporary use permit shall be filed with the Administrator for temporary use permits for healthcare needs, the Administrator shall give written notice of the pending application to those property owners and/or purchasers of record within three hundred feet (300') of the exterior boundary of the subject property. Notified property owners have twenty one (21) days from the date of mailing to respond to the notice. If an affected party is opposed to the application, a public hearing shall be held before the Commission.

### **DECISION OF ADMINISTRATOR:**

- A. The granting of a temporary use permit shall be within the sole discretion of the Administrator following a full review of the facts as stated on the application and as received as a result of the required notification process. The Administrator, at his or her discretion, may refer the application to the Commission for action.
- B. An approved temporary use permit expires upon failure to obtain a certificate of zoning compliance within ninety (90) calendar days from the date of approval of the temporary use permit unless a one-time extension of time up to sixty (60) days is granted.
- C. The Administrator shall give notice of the decision granting or denying the application to those previously notified of the temporary use application.

### **APPEAL:**

- A. Any person aggrieved by the Administrator's decision may file a written request that the Commission review the Administrator's decision. At its next regularly scheduled meeting, the Commission shall review the administrative record and may take one of the following actions:
  - 1. Affirm the Administrator's decision without hearing;
  - 2. Reverse the Administrator's decision without hearing;
  - 3. Modify the Administrator's decision without hearing;
  - 4. Set a formal public hearing for review of the Administrator's decision. Said hearing shall be noticed pursuant to Chapter 11-7-6 and conducted in accordance with the procedures established in Chapter 18. The aggrieved person shall pay the appropriate hearing fee as set forth in Chapter 11-14-13 of this title.
- B. Any person aggrieved by the decision of the Commission made after a formal public hearing may file with the Administrator a written request appealing the decision to the Board. The Board shall hold a public hearing after following the notice and hearing procedures set forth in Chapter 11-7-6. The aggrieved person shall pay the appropriate hearing fee as set forth in Chapter 11-14-13 of this title.