



MASTER ADMINISTRATIVE REVIEW APPLICATION

GEM COUNTY DEVELOPMENT SERVICES DEPARTMENT

109 South McKinley, Emmett, Idaho 83617 www.co.gem.id.us phone: (208) 365-5144 fax: (208) 365-2499

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

- | | | |
|---|--|---|
| <input type="checkbox"/> ALTERNATIVE COMPLIANCE (LANDSCAPE PLAN) | <input type="checkbox"/> DIRECTOR DETERMINATION | <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 WITH PRIOR APPROVAL | <input type="checkbox"/> PLAT TIME EXTENSION | <input type="checkbox"/> TEMPORARY HARDSHIP PERMIT |
| | <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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