



## Planning & Zoning Department Subdivision Condo Plat Checklist

**Staff Use Only**

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

File Number: \_\_\_\_\_

**All of the following materials must be provided or the application will not be accepted.**

Applicant	Staff	Description
		Affidavit of legal interest (If different from Preliminary Plat)
		Auto CAD File and PDF of Final Plat (full size)
		Legal description of plat boundary of the plat
		Associated fees
		Master Application form

**Additional materials may be requested upon review.**

**Submit all materials digitally unless requested otherwise.**

**Standard Condo Plat Fees**

Planning Final Plat Review Fee	\$244	\$
Plus \$5.98 per lot	\$5.98 x (     ) =	\$
Fire Department Review Fee	\$160	\$
Plus \$1.00 per lot	\$1.00 x (     ) =	\$
	Total=	\$

**NOTICE TO APPLICANT**

**ROUTING** – Applications will be scheduled as a Consent Item for approval by the City Council. All information on this checklist shall be submitted at least 41 days prior to the desired City Council Meeting. City Council meetings are held on the 1st & 3rd Mondays of each month.



# City of Nampa

PLANNING and ZONING DEPARTMENT

OFFICE (208) 468-5484

CITY HALL

411 THIRD STREET SO.

NAMPA, IDAHO 83651

FAX (208) 465-2261

## AFFIDAVIT OF LEGAL INTEREST

STATE OF IDAHO )  
:SS  
COUNTY OF CANYON )

A. I, \_\_\_\_\_, whose address is \_\_\_\_\_, being first duly sworn upon oath, depose and say that I am the owner of record of the property described on the attached application.

B. I grant my permission to \_\_\_\_\_, whose address is \_\_\_\_\_, to submit the accompanying application pertaining to the property described on the attached application.

C. I agree to indemnify, defend and hold the City of Nampa and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
Commission Expires: \_\_\_\_\_



# Planning & Zoning Department

## Master Application

**Staff Use Only**

Project Name: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Related Applications: \_\_\_\_\_

**Type of Application**

- |   |   |
|---|---|
| <input type="checkbox"/> Annexation                   | <input type="checkbox"/> Planned Unit Development/MPC   |
| <input type="checkbox"/> Appeal                       | <input type="checkbox"/> RV Park                        |
| <input type="checkbox"/> Building & Site Design       | <input type="checkbox"/> Subdivision                    |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Short                          |
| <input type="checkbox"/> Conditional Use Permit       | <input type="checkbox"/> Preliminary                    |
| <input type="checkbox"/> Development Agreement        | <input type="checkbox"/> Final                          |
| <input type="checkbox"/> Modification                 | <input type="checkbox"/> Condo                          |
| <input type="checkbox"/> Home Occupation              | <input type="checkbox"/> Temporary Use Permit           |
| <input type="checkbox"/> Daycare                      | <input type="checkbox"/> Fireworks Stand                |
| <input type="checkbox"/> Kennel License               | <input type="checkbox"/> Vacation                       |
| <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Variance                       |
| <input type="checkbox"/> Mobile Home Park             | <input type="checkbox"/> Zoning Map/Ordinance Amendment |
| <input type="checkbox"/> Legal Non-Conforming Use     | <input type="checkbox"/> Other: _____                   |

**You must attach any corresponding checklists with your application or it will not be accepted**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Interest in property:  Own  Rent  Other: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Name (e.g., Engineer, Planner, Architect): \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Subject Property Information**

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

Parcel Number(s): \_\_\_\_\_ Total acreage: \_\_\_\_\_ Zoning: \_\_\_\_\_

Type of proposed use:  Residential  Commercial  Industrial  Other: \_\_\_\_\_

Project/Subdivision Name: \_\_\_\_\_

Description of proposed project/request: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Acres of each proposed zone: \_\_\_\_\_

**Development Project Information (if applicable)**

Lot Type	Number of Lots	Acres
Residential		
Commercial		
Industrial		
Common (Landscape, Utility, Other)		
Open Space		
<b>Total</b>		

**Please answer all questions that are relevant to your project**

Minimum square footage of structure: \_\_\_\_\_ Maximum building height: \_\_\_\_\_

Minimum property size (s.f.): \_\_\_\_\_ Average property size (s.f.): \_\_\_\_\_

Gross density: \_\_\_\_\_ Net density: \_\_\_\_\_

Type of dwelling proposed:  Single-family Detached  Single-family Attached

Duplex  Multi-family  Condo  Other: \_\_\_\_\_

Proposed number of units: \_\_\_\_\_

Total number of parking spaces provided: \_\_\_\_\_

% of open space/common area: \_\_\_\_\_

**Completed applications and checklists can be sent to: [pzall@cityofnampa.us](mailto:pzall@cityofnampa.us)**

**Authorization**

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City Staff**

Received by: \_\_\_\_\_ Received date: \_\_\_\_\_