

# CANYON COUNTY DEVELOPMENT SERVICES

111 North 11<sup>th</sup> Avenue, Caldwell, ID 83605 Phone: 208-454-7458 Fax: 208-454-6633



## LAND USE WORKSHEET

Required for Conditional Use Permit, Comprehensive Plan or Zoning Ordinance Amendment Applications

**PLEASE CHECK ALL THAT APPLY TO YOUR REQUEST:**

### GENERAL INFORMATION

1. **DOMESTIC WATER:**     Individual Domestic Well         Centralized Public Water System     City

N/A – Explain why this is not applicable: \_\_\_\_\_

How many Individual Domestic Wells are proposed? \_\_\_\_\_

2. **SEWER (Wastewater)**         Individual Septic                                 Centralized Sewer system

N/A – Explain why this is not applicable: \_\_\_\_\_

3. **IRRIGATION WATER PROVIDED VIA:**

Surface                     Irrigation Well                     None

4. **IF IRRIGATED, PROPOSED IRRIGATION:**

Pressurized                     Gravity

5. **ACCESS:**

Frontage                     Easement

6. **INTERNAL ROADS:**

Public                                 Public

7. **FENCING**                     Fencing will be provided (Please show location on site plan)

Type: \_\_\_\_\_ Height: \_\_\_\_\_

8. **STORMWATER:**                     Retained on site                     Swales                     Ponds                     Borrow Ditches

Other: \_\_\_\_\_

9. **SOURCES OF SURFACE WATER ON OR NEARBY PROPERTY:** (i.e. creeks, ditches, canals, lake)

\_\_\_\_\_

**RESIDENTIAL USES**

**1. NUMBER OF LOTS REQUESTED:**

Residential \_\_\_\_\_  Common \_\_\_\_\_  Non-Buildable \_\_\_\_\_

**2. FIRE SUPPRESSION:**

Structure  Wild Land  Other: \_\_\_\_\_

**3. INCLUDED IN YOUR PROPOSED PLAN?**

Sidewalks  Curbs  Gutters  Street Lights  None

**NON-RESIDENTIAL USES**

**1. SPECIFIC USE:** \_\_\_\_\_

**2. DAYS AND HOURS OF OPERATION:**

Monday \_\_\_\_\_ to \_\_\_\_\_

Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_

Thursday \_\_\_\_\_ to \_\_\_\_\_

Friday \_\_\_\_\_ to \_\_\_\_\_

Saturday \_\_\_\_\_ to \_\_\_\_\_

Sunday \_\_\_\_\_ to \_\_\_\_\_

**3. WILL YOU HAVE EMPLOYEES?**  Yes If so, how many? \_\_\_\_\_  No

**4. WILL YOU HAVE A SIGN?**  Yes  No  Lighted  Non-Lighted

Height: \_\_\_\_\_ ft Width: \_\_\_\_\_ ft. Height above ground: \_\_\_\_\_ ft

**ANIMAL CARE RELATED USES**

**1. MAXIMUM NUMBER OF ANIMALS:** \_\_\_\_\_

**2. HOW WILL ANIMALS BE HOUSED AT THE LOCATION?**

Building  Kennel  Individual Housing  Other \_\_\_\_\_

**3. HOW DO YOU PROPOSE TO MITIGATE NOISE?**

Building  Enclosure  Barrier/Berm  Bark Collars

**4. ANIMAL WASTE DISPOSAL**

Individual Domestic Septic System

Animal Waste Only Septic System

Other: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

OFFICE USE ONLY

Staff Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Case #:

Date Paid:

Fees:

Receipt #: