



CITY OF EMMETT
MASTER ADMINISTRATIVE REVIEW APPLICATION

CITY OF EMMETT
601 E. 3rd Street, Emmett, Idaho 83617 www.cityofemmett.org phone: (208) 365-9569 fax: (208) 365-4651

TYPE OF APPLICATION: (Please check all that apply.)

- ALTERNATIVE COMPLIANCE (LANDSCAPE ORDINANCE)
CERTIFICATE OF ZONING COMPLIANCE
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CERTIFICATE OF ZONING COMPLIANCE
CERTIFICATE OF ZONING COMPLIANCE
DIRECTOR DETERMINATION
ONE TIME LOT SPLIT
PLAT TIME EXTENSION
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: _____

APPLICANT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Telephone: _____ Fax: _____
Email: _____

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

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

Signature: (Owner) _____ Date _____

Signature: (Applicant) _____ Date _____

Signature: (Owner) _____ Date _____

Note: This application must be submitted with the applicable checklist(s).

Table with 5 columns: File No., Received By, Date, Fee, Receipt No. Header: OFFICE USE ONLY