

PROJECT/SITE ADDRESS & LOCATION			
Project Name:		Parcel #:	
Address:		City/State/Zip:	
Subdivision:		Block:	Lot:
Major Cross Streets:		Distance to Major Cross Streets:	

SITE INFORMATION & DATA			
Total Acreage / Lot Size:		Flood Zone:	
Design Review Overlay Districts:		<input type="checkbox"/> DDA <input type="checkbox"/> TDA <input type="checkbox"/> CEDA <input type="checkbox"/> DSDA <input type="checkbox"/> No Overlay	
Land Use Application Type:		<input type="checkbox"/> Residential <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family (3+ units) <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed-Use	

APPLICANT	
Applicant Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Purchaser <input type="checkbox"/> Tenant
Address:	City/State/Zip:
Email:	Phone:
OWNER	
Owner Same as Applicant Above: <input type="checkbox"/> If same, check the box and skip this section.	
Owner Name:	Phone:
Address:	City/State/Zip:
Email:	
REPRESENTATIVE (If different from above)	
Representative Name:	Phone:
Address:	City/State/Zip:
Email:	
BUILDING ARCHITECT	
Business Name:	Phone:
Contact Name:	Phone:
Address:	City/State/Zip:
Architect Email:	
ENGINEER	
Business Name:	Phone:
Contact Name:	Phone:
Address:	City/State/Zip:
Engineer Email:	

LANDSCAPE ARCHITECT (If applicable)	
Business Name:	Phone:
Contact Name:	Phone:
Address:	City/State/Zip:
Engineer Email:	

CITY OF EAGLE APPLICATIONS

Eagle City Code [Section 1-7-4 \(A\)](#) states, "Fee Schedule Established: The city clerk or their designee, at the time of the filing of a land use application, petition, or receipt of an area of impact referral, shall collect the fee and/or deposit established by resolution of the city council together with a deposit for any direct costs incurred by the city to review such requests by architects, engineers, attorneys, or other professionals necessary to enable the city to process said application, petition, or referral in an informed manner." Direct costs, as underlined in 1-7-4 (A) above, shall be required to be paid by the applicant in a time frame to be determined by the City Policy for Collection and Enforcement of Deposits and Fees for Land Use Action as approved and adopted by the Eagle City Council.

NOTES:

- The processing of an application shall be delayed or stopped if deposit balances, and direct costs are not reimbursed as required in accordance with the adopted policy.
- The applicant shall not construct any required improvements, including storm drainage or roadway facilities, until the City has received a copy of the ACHD stamped and approved final engineering construction drawings. Upon receipt of the ACHD approved construction drawings and confirmation by the City Engineer that they comply with the City-approved construction drawings, the City will issue a "notice to proceed" to the applicant's representative.
- IF THE CITY COUNCIL OR THE ZONING ADMINISTRATOR DETERMINE THAT ADDITIONAL AND/OR REVISED INFORMATION IS NEEDED, AND /OR IF OTHER UNFORSEEN CIRCUMSTANCES ARISE, ANY DATES OUTLINED FOR PROCESSING MAY BE RESCHEDULED BY THE CITY.
- ALL ITEMS SHALL BE COMPLETED AS DETERMINED BY THE ZONING ADMINISTRATOR PRIOR TO APPLICATION BEING DEEMED COMPLETE.
- The city does not guarantee acquisition of public services provided by any agency. The developer, property owner and/or applicant of this Preliminary Development Plan and Conditional Use Permit Application for Planned Unit Developments does hereby release and indemnify and hold harmless the City of Eagle from any and all claims, cost, damages, etc., from any individual or organization regarding the acquisition of services which are not affiliated with the City, including but not limited to, central water service, sanitary sewer service, access to public roads and fire protection. "Regulatory Taking Notice: Applicant has the right, pursuant to section 67-8003, Idaho Code, to request a regulatory taking analysis."

APPLICANT'S CERTIFICATION

I do hereby certify that, to the best of my knowledge and belief, all application, application materials, and a completed checklist have been submitted, and that the information they contain is true and correct.

Printed Name of Applicant/Representative _____ Date _____

Signature of Applicant/Representative _____ Date _____

City Staff Comments: _____

Signature of receipt by City Staff _____ Date _____