Planning Division
DEVELOPMENT REVIEW APPLICATION

STAFF USE ONLY:
Project name: ____________________________
File number(s): ____________________________
Assigned Planner: ____________________________ Related files: ____________________________

Type of Review Requested (check all that apply)
☐ Accessory Use (check only 1) ☐ Final Plat
☐ Daycare ☐ Final Plat Modification
☐ Home Occupation ☐ Landscape Plan Modification
☐ Home Occupation/Instruction for 7 or more ☐ Preliminary Plat
☐ Administrative Design Review ☐ Private Street
☐ DR Modification ☐ Property Boundary Adjustment
☐ Alternative Compliance ☐ Rezone
☐ Annexation and Zoning ☐ Short Plat
☐ Certificate of Zoning Compliance ☐ Time Extension (check only 1)
☐ CZC Modification
☐ City Council Review ☐ Director
☐ Comprehensive Plan Map Amendment ☐ Commission
☐ Comprehensive Plan Text Amendment ☐ UDC Text Amendment
☐ Conditional Use Permit ☐ Vacation (check only 1)
☐ Conditional Use Permit Modification (☑ only 1)
☐ Director ☐ Commission
☐ Director ☐ Variance
☐ Commission
☐ Development Agreement Modification ☐ Other ____________________________

Applicant Information
Applicant name: ____________________________ Phone: ____________________________
Applicant address: ____________________________ Email: ____________________________
City: ____________________________ State: _____ Zip: ____________________________
Applicant’s interest in property: ☐ Own ☐ Rent ☐ Optioned ☐ Other ____________________________
Owner name: ____________________________ Phone: ____________________________
Owner address: ____________________________ Email: ____________________________
City: ____________________________ State: _____ Zip: ____________________________
Agent/Contact name (e.g., architect, engineer, developer, representative): ____________________________
Firm name: ____________________________ Phone: ____________________________
Agent address: ____________________________ Email: ____________________________
City: ____________________________ State: _____ Zip: ____________________________
Primary contact is: ☐ Applicant ☐ Owner ☐ Agent/Contact

Subject Property Information
Location/street address: ____________________________ Township, range, section: ____________________________
Assessor’s parcel number(s): ____________________________ Total acreage: _____ Zoning district: _______

Community Development ■ Planning Division ■ 33 E. Broadway Avenue, Ste. 102 Meridian, Idaho 83642
Phone: 208-884-5533 Fax: 208-888-6854 www.meridiancity.org/planning

Rev:(2/11/2020)
Project/subdivision name: __________________________

General description of proposed project/request: ____________________________________________

Proposed zoning district(s): _____________________________________________________________

Acres of each zone proposed: ____________________________________________________________

Type of use proposed (check all that apply):

☐ Residential   ☐ Office   ☐ Commercial   ☐ Employment   ☐ Industrial   ☐ Other

Who will own & maintain the pressurized irrigation system in this development? ____________________________

Which irrigation district does this property lie within? ____________________________

Primary irrigation source: ____________________________ Secondary: ____________________________

Square footage of landscaped areas to be irrigated (if primary or secondary point of connection is City water): __________

**Residential Project Summary (if applicable)**

<table>
<thead>
<tr>
<th>Number of residential units:</th>
<th>Number of building lots:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of common lots:</th>
<th>Number of other lots:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Proposed number of dwelling units and square footage of living area (for multi-family developments only):

<table>
<thead>
<tr>
<th>1 bedroom:</th>
<th>2–3 bedrooms:</th>
<th>4 or more bedrooms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(up to: 500 sq. feet)</td>
<td>(up to: 250-500 sq. feet)</td>
<td>(up to: 500 up to 1200 sq. feet)</td>
</tr>
</tbody>
</table>

Minimum square footage of structure (excl. garage): __________ Maximum building height: __________

Minimum property size (s.f): __________ Average property size (s.f): __________

Gross density (Per UDC 11-1A-1): __________ Net density (Per UDC 11-1A-1): __________

Acreage of qualified open space: __________ Percentage of qualified open space: __________

Type and calculations of qualified open space provided in acres (Per UDC 11-3G-3B): __________

Amenities provided with this development (if applicable): __________________________

Type of dwelling(s) proposed:  

☐ Single-family Detached  ☐ Single-family Attached  ☐ Townhouse  

☐ Duplex  ☐ Multi-family  ☐ Vertically Integrated  ☐ Other

**Non-residential Project Summary (if applicable)**

<table>
<thead>
<tr>
<th>Number of building lots:</th>
<th>Common lots:</th>
<th>Other lots:</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

Gross floor area proposed: __________ Existing (if applicable): __________

Hours of operation (days and hours): __________ Building height: __________

Total number of parking spaces provided: __________ Number of compact spaces provided: __________

**Authorization**

Print applicant name: __________________________

Applicant signature: __________________________ Date: __________