

## **Design Review Pre-Application**

Submittal Date: \_\_\_\_\_

Project Name:	Parcel No		
Legal Description of Property: Subdivision	Lot(s)		, Block,
Street Address of Property:			
	Year of original construction: (Only applicable if property is within the Townsite Overlay) Proposed addition or new construction sq. ft		
Name of Owner of the Property:			
Mailing Address:	City:	State	: Zip:
Phone: ( ) Fax: ( Email Address:			
By signature hereon, the property owner acknowledges that property to inspect, post legal notices, and/or other standard property owner is also hereby notified that members of the PI of any <i>ex parte</i> discussion (outside the hearing) with any perso <b>Property Owner's Signature:</b>	activities in the course of processing this anning and Zoning Commission and City Co n, including the property owner or represe	application, pursuant ouncil are required to entative, regarding th Date:	t to Idaho Code §67-6507. The o generally disclose the content his application.
Name of individual to contact on behalf of Trust or I			
Mailing Address:	) Ce	ell: ( )	
Application Contact (if different than above): **Application Contact will be the Planning Department's			
Mailing Address:	City:	State:	Zip:
Phone: ( ) Fax: (	)Ce	ell: ( )	
Email Address:			
Signature:			Date:
See attached checklist for items that must be submitted with this	application in order for the application to be	considered complete.	See the applicable Design Review

Guidelines, including Townsite Overlay Guidelines if applicable, of the Municipal Code.

**Appeals:** Any interested party may appeal in writing any final decision of the Planning and Zoning Administrator, Hearing Examiner, or Commission to the City Council by filing an appeal with the Hailey City Clerk within fifteen (15) days form the date of the decision. The appeal shall specifically state the decision appealed and reasons for the appeal. If no appeal is filed within the fifteen (15) day period, the decision shall be deemed final.

**FOR CITY USE ONLY** Fees: Cost of additional noticing, recording fees, and other direct costs will also be assessed.

Application	\$ 309.00 \$
Publication cost	\$ 52.00 \$
Total Due	\$

## **DESIGN REVIEW - CHECKLIST**

Project Name:	City Use Only -	
	Certified Compete by:	
	Date://	

## The following items must be submitted with the application for the application to be considered complete ( $\checkmark$ ):

- \_\_\_\_\_ The design review application form, including project name and location, and applicant and representative names and contact information.
- One (1) eleven inch by seventeen inch (11" x 17") and one electronic copy showing at a minimum the following:
  - \_\_\_\_\_Vicinity map, to scale, showing the project location in relationship to neighboring buildings and the surrounding area. Note: A vicinity map must show the location of adjacent buildings and structures.
  - \_\_\_\_\_ Site plan, to scale, showing proposed parking, loading and general circulation.
  - \_\_\_\_\_ One colored rendering of at least one side of the proposed building(s).
  - \_\_\_\_\_ General location of public utilities (survey not required)
- Names and address of all property owners within three hundred (300) feet of the exterior boundaries of the land being considered. Names and addresses can be obtained using the Blaine County map server <a href="http://maps.co.blaine.id.us/">http://maps.co.blaine.id.us/</a> or from the Blaine County Assessor's office. Assistance can be provided by the Hailey Planning staff upon request. Names and addresses of easement holders within subject property.
- Other information as required by the Zoning Administrator, Hearing Examiner or Commission.

## City Use Only:

- \_\_\_\_\_ Double check address
- \_\_\_\_\_ Advise applicant if Lot Line Adjustment is needed.
  - \_\_\_\_ Check following basic standards:
    - \_\_\_\_\_ Density
    - \_\_\_\_\_ Setbacks
      - Height (plans must show elevation points of record grade)

\_\_\_\_\_ Lot coverage \_\_\_\_\_ Floor area

\_\_\_\_ Parking (# of spaces)