



City of St. Maries

"On the Shadowy St. Joe"

602 College Avenue, St. Maries, Idaho 83861

Phone 208-245-2577

Fax 245-6579

For City Use Only	
Date Received:	_____
Fee: \$	_____
Fee Received by:	_____
Receipt No.	_____

APPLICATION FOR SPECIAL USE PERMIT
(Please type or print plainly with blue ink)

OWNER INFORMATION:			
Name:	_____	Phone:	_____
Street Address:	_____	Fax:	_____
City:	_____	E-Mail:	_____
State:	_____	Zip:	_____
Signature:	_____	Date:	_____
APPLICANT INFORMATION: (if different than owner)			
Name:	_____	Phone:	_____
Street Address:	_____	Fax:	_____
City:	_____	E-Mail:	_____
State:	_____	Zip:	_____
Signature:	_____	Date:	_____
APPLICANT STATUS: Owner: _____ Agent: _____ Tenant: _____ Contract Buyer: _____			
ENGINEER: _____ SURVEYOR: _____ PLANNER: _____ OTHER: _____ (specify)			
Name:	_____	Phone:	_____
Street Address:	_____	Fax:	_____
City:	_____	E-Mail:	_____
State:	_____	Zip:	_____
Signature:	_____	Date:	_____

STATEMENT OF PROJECT INTENT FOR MAKING APPLICATION:

SITE INFORMATION:	
Address: _____	
Legal Description: _____	
Existing Zoning: _____	Adjacent Zoning: _____
Current Land Use: _____	Proposed Land Use: _____
Adjacent Land Uses: _____	Size of Site: _____

AUTHORIZATION: *Special uses are specifically listed as such in each zoning district. Uses not specifically listed as special uses cannot be permitted.*

Section _____ of the City of St. Maries Municipal Code authorizes the proposed use, subject to a Special Use Permit.

OPERATING CHARACTERISTICS: Detail the operating characteristics of the proposed use. In other words, provide specific information which describes and defines how the proposed use will be conducted and what will be involved in the day to day operations of the proposed use. Applicable information may include hours of operation, number of people (employees, customers, students, etc.) involved, traffic and/or delivery information, services provided, equipment or machinery which may be involved, or any other information which helps describe and define the proposed use and impacts which it may have. Attach additional pages if necessary.

SPECIAL USE PERMIT CRITERIA: *Before the City may issue a Special Use Permit, the Council must first make findings of compliance with the following relevant criteria and standards. Please indicate in the spaces provided below what you believe to be justification showing compliance with each of the relevant criteria and standards.*

Criteria #1: Whether the proposed special use would/would not conform to the purposes and express terms of the applicable zoning district in which it would be located.

Justification and compliance with criteria #1: _____

Criteria #2: Whether the proposed use constitutes an allowable special use as established by the City Code for the zoning district involved, and is in compliance with all other laws, ordinances, and regulations of the City of St. Maries and the State of Idaho.

Justification and compliance with criteria #2: _____

Criteria #3: Whether the proposed special use as presented will/will not uphold the health, safety, and welfare of the public in general and be compatible with present or future land uses in the vicinity of the proposal.

Justification and compliance with criteria #3: _____

Criteria #4: Whether the proposed special use will/will not further positive development of the surrounding neighborhood in accordance with relevant policies set forth in the Comprehensive Plan and the zoning code.

Justification and compliance with criteria #4: _____

CONDITIONS OF APPROVAL: Conditions and requirements specific to the proposal may be attached to the approval of the special use permit (see City of St. Maries Municipal Code 11-8-3).

Please list the conditions you propose the City impose if your application is granted: _____

ATTACH TO THIS APPLICATION:

1. A legal description of the property for the proposed special use, evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company.
2. A conceptual plan of the proposal (no larger than 11x17), as applicable
3. A vicinity map (no larger than 11x17).
4. A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the proposed development.

APPLICATION CHECKLIST: (to be completed by Staff)		
YES	NO	Checked by: _____ Date: _____
		Completed Application.
		Application Fee per most recently adopted Fee Resolution.
		A legal description of the property for the proposed special use, evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company.
		A conceptual plan of the proposal (no larger than 11x17), as applicable.
		A vicinity map (no larger than 11x17).
		A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the proposed development.

The City has the authority to require any additional information necessary to render a fair decision on this request.

The application must be accompanied by a non-refundable filing fee per the most recently adopted Fee Resolution. The applicant shall also pay for all direct costs associated with processing the application including, but not limited to, plan review, postage, and the preparation of any necessary reports and findings. If the applicant fails to pay the direct costs in a timely basis, the City may suspend or terminate the processing of the application. The applicant may be required to sign a reimbursement agreement at the request of the City.

The applicant will be notified by the City as to the time and place of the hearing pertaining to this application. The applicant or his/her duly appointed representative must be present at the public hearing and prepared to present the application.

All exhibits presented will need to be identified at the hearing, will be entered into the record, and retained on file.

REQUIRED CERTIFICATIONS

CERTIFICATION OF OWNER:

I, _____, being duly sworn, attest that I have read and consent to the filing of this application as the owner of record of the area being considered in this application and I request and know the contents thereof to be true to the best of my knowledge.

Signed: _____
(Owner)

Notary to complete this section:

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____

CERTIFICATION OF APPLICANT: (if different than Owner)

I, _____, being duly sworn, attest that I am the applicant of this request and know the contents thereof to be true to the best of my knowledge.

Signed: _____
(Applicant)

Notary to complete this section:

Subscribed and sworn to me before this _____ day of _____, 20_____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____

(For multiple applicants or multiple owners, please submit multiple copies of this page.)