



**CITY OF STAR**  
 P.O. Box 130  
 Star, Idaho 83669  
 P: 208-286-7247 F: 208-286-7569

## WAIVER APPLICATION

FILE NO.: \_\_\_\_\_  
 CROSS REF. FILES: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Property Owner Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Site Location: \_\_\_\_\_

(list major cross streets) \_\_\_\_\_

Site Zoning Designation: \_\_\_\_\_

**All applicants are required to submit the following:**

Applicant (√)	Description	Staff (√)
	Completed and signed Waiver Application	
	Fee	
	Narrative outlining waiver request.	
	If the signature on this application is not the owner of the property, an <b>original</b> notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.	
	Site plan of area being discussed.	
	Applicant encouraged to submit other information and documentation to support request.	

\_\_\_\_\_  
 Applicant/Representative Signature

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

***THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.***

*(For office use only)*

Date Application Received: \_\_\_\_\_ Accepted as Complete \_\_\_\_\_  
 Fee Due: \$100.00 Fee Paid: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

