



**CITY OF HAYDEN LAKE**  
**SPECIAL USE PERMIT**  
**APPLICATION**  
(Limited Professional Offices & Restaurant  
in Overlay District)

PLEASE SUBMIT TO:  
deputyclerk@cityofhaydenlake.gov  
9393 North Strahorn Road  
Hayden Lake, ID 83835  
208 772-2161

**SUBMITTALS**

An application for Special Use Permit (Permit) for limited professional offices or restaurant in an Overlay Zoning District is made by submitting the following information to the City Clerk:

1. Completed attached form and checklist;
2. Copy of all required documents including an accurate scale drawing of the site including any affected adjacent property and showing the location of all existing and proposed structures, the maximum dimensions of all existing and proposed buildings, streets, easements, property lines, setbacks, driveways, pedestrian walkways, off-street parking, off-street loading facilities and landscaped areas, buffering or other similar elements of site design.
3. An ownership list identifying property owners and residents within the subject property and within a radius of three hundred feet (300') from the external boundaries of the property.

**DEADLINE FOR SUBMITTALS**

The completed form and documents must be submitted to the City Clerk’s Office not later than twenty-five (25) days prior to the date of a regular City Council meeting where a public hearing to consider the variance request can be set. The completed application shall be deemed accepted for the twenty-five (25) day processing period as of the date when all maps are and information have been filed, checked and accepted as complete by the City Clerk’s Office, as noted below. **This item will not be set for Council consideration until the application is complete and accepted.**

**FEES**

The applicant shall pay to the City a fee of \$100.00. The applicant shall also pay the estimated costs to reimburse the City for the cost of all services provided by the City Engineer, City Attorney and other City Officials as well as other direct costs associated with processing the application including the costs of mailing and publishing notices.

Date Application Accepted as Complete: \_\_\_\_\_, 20\_\_\_\_,

by City Clerk’s Office: \_\_\_\_\_



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***FOR OFFICE USE ONLY***

Special Use Application Fee: \$ **100.00**      Special Use Permit # \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_      Cash/Money Order/Check # \_\_\_\_\_

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

Permit Approval Date: \_\_\_\_\_

**APPLICANT:**

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

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**FILING CAPACITY:**

\_\_\_\_ 1.      Recorded property owner as of \_\_\_\_\_  
(date)

\_\_\_\_ 2.      The authorized agent of any of the foregoing, duly authorized in writing. (Written authorization must be attached to the application)

Architect, Engineer and/or other professional assisting with application:

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

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PROPERTY:**

Legal description of property: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Existing land use: \_\_\_\_\_

Surrounding land use: \_\_\_\_\_

Existing zoning: \_\_\_\_\_

Proposed zoning: \_\_\_\_\_

Existing jurisdiction city or county: \_\_\_\_\_

Existing Area of City Impact: \_\_\_\_\_



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**TAXING DISTRICTS PROVIDING SERVICES TO THE PROPERTY:**

Sewage Disposal \_\_\_\_\_

Water Supply \_\_\_\_\_

Fire District \_\_\_\_\_

Highway District \_\_\_\_\_

School District \_\_\_\_\_

Nearest City \_\_\_\_\_

Kootenai County \_\_\_\_\_

Other \_\_\_\_\_

**Please give a written narrative describing your request:**

1. What condition warrants the zoning designation requested?  
\_\_\_\_\_
2. How would the proposal benefit the public, health, safety, and welfare of the citizens of the City of Hayden Lake?  
\_\_\_\_\_
3. What, if any, detrimental effects would the request have on adjacent property and improvements?  
\_\_\_\_\_
4. What would be the effect on the Comprehensive Plan?  
\_\_\_\_\_
5. What is the intended use of the property following approval?  
\_\_\_\_\_
6. Why would it be in the best interest of the city to approve this request for zoning?  
\_\_\_\_\_
7. What special conditions or contingencies should be applied to approval of this request for zoning?  
\_\_\_\_\_
8. Any other justification you feel is important and should be considered by the Council?  
\_\_\_\_\_



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I have read and consent to the filing of this application as the owner of record of the area being considered in this application.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_, being first duly sworn, deposes and says that \_\_\_\_\_ is the applicant in this application and knows the contents thereof to be true to \_\_\_\_\_ knowledge.

Signed: \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Idaho  
Residing at \_\_\_\_\_  
Commission Expires: \_\_\_\_\_