



Planning & Development Services

Boise City Hall, 2nd Floor
150 N Capitol Boulevard
P.O. Box 500
Boise, Idaho 83701-0500

Phone: 208/608-7100
Fax: 208/384-3867
TDD/TTY: 800/377-3529
Website: www.cityofboise.org/pds

#184: Removal of Historic Designation Application

Applicant (Must be Owner): _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Contact Person (If different from above): _____ **Phone:** _____

Address of Subject Property: _____

Mapping Division must initial here _____ to signify address verification.

What Historic District is the property located in? _____

Property Description: Lot: _____ Block: _____ Subdivision: _____

Parcel Number: _____ Quarter: _____ Section: _____ Township: _____ Range: _____

Size of Property: _____ square feet, or _____ acres

Dimensions: _____ linear street frontage of lot and _____ depth of lot.

Current Use: _____

How are the adjoining properties used?

North: _____

South: _____

East: _____

West: _____

Characteristics of the property (building or other structures, paving, mature trees, etc.):



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Submittal Requirements

The following information must be submitted along with the application form:

Letter of Intent specifying:

- The reason(s) for the request to remove the historic designation, such as, but not limited to: property no longer complies with the designation criteria (BCC 11-05-09.6(A)), special circumstances, etc.
- If any conditions have changed since the adoption of the historic district that supports your request.

Affidavit of Legal Interest (see attached). Form must be completed by the legal owner of record

Application Fee

Photographs of the property and adjacent properties.

Additional information that will aid our understanding of the request (such as plans, maps, surveys, etc.) Please realize that what may be obvious to you may not be to us, and that we appreciate as much detail as possible.

Process

When an application has been submitted, it will be reviewed in order to determine compliance with application requirements. A hearing date will be scheduled only after an application has been accepted as complete.

Note

Any revisions to this application request must be received 14 days prior to the hearing date, or your application will be deferred to the next meeting. The staff will determine whether the application can still be heard on the scheduled date, which depends on the degree of modification.

Signature of Applicant/Representative

Date



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Affidavit of Legal Interest

State of Idaho)

) ss

County of Ada)

I, _____, _____
Name Address

_____, _____
City State

being first duly sworn upon oath, depose and say:

(If Applicant is also Owner of Record, skip to B)

A. That I am the record owner of the property described on the attached, and I grant my permission to _____
Name Address
 to submit the accompanying application pertaining to that property.

B. I agree to indemnify, defend and hold Boise City and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

Dated this _____ day of _____, 20____

 Signature

Subscribed and sworn to before me the day and year first above written.

 Notary Public for Idaho

Residing at: _____

My commission expires: _____