



Fremont County  
Planning & Building Department  
125 N. Bridge St. Suite 1  
St. Anthony, ID 83445  
(208)624-4643 Office  
(208)624-1320 Fax

**SPECIAL USE -  
CONDITIONAL USE  
APPLICATION – CLASS II**

Permit # \_\_\_\_\_  
RA: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee \$495: \_\_\_\_\_  
Plus notification fees: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**SUBMITTAL:** The review process will require 7-10 working days.

**SECTION 1: OWNER INFORMATION**

**OWNERS:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**APPLICANT:**

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax \_\_\_\_\_  
Email: \_\_\_\_\_

I consent to this application and allow planning & building staff to enter the property for site inspections related to this application.

I certify information is correct to the best of my knowledge.

Signature : (Owner) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: PROPERTY DETAILS**

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Parcel Number \_\_\_\_\_ Site Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 3: ADDITIONAL REQUIREMENTS**

- Detailed letter** by the applicant describing the request or project.
- Home Owners association approval** (if applicable)
- Parcel Map.** Available from the Assessor's office.
- Warranty deed** or evidence of the proprietary interest.

**SECTION 3: ADDITIONAL REQUIREMENTS**

**Time frame of Use:** \_\_\_\_\_

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**Specific Use:**

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**OFFICE USE ONLY**

**PERMIT:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERMIT APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:**