











SPECIAL ON SITE FEATURES	
Areas of Critical Environmental Concern:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Evidence of Erosion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Fish Habitat:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Floodplain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Mature Trees:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Riparian Vegetation:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Steep Slopes:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Stream/Creeks:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Unique Animal Life:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Unique Plant Life:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Unstable Soils:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
Wildlife Habitat:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____

PUBLIC SERVICES	
Potable Water: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable	Service Provider: _____
Irrigation Water: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable	Service Provider: _____
Sanitary Sewer: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable	Service Provider: _____
Fire Protection: <input type="checkbox"/> Available <input type="checkbox"/> Unavailable	Service Provider: _____
Street(s) providing access:	_____
Schools serving this location:	
Elementary School(s):	_____
Middle School(s):	_____
High School(s):	_____

- A completed [Fiscal Impact Worksheet](#) for residential subs of ten (10) lots or more, and all commercial subdivisions.
- Land shall be posted prior to the Planning and Zoning Commission hearing and again prior to the City Council hearing in accordance with [Eagle City Code Section 8-7-8 \(E\)](#).
- APPLICANT/REPRESENTATIVE MUST ATTEND THE CITY COUNCIL MEETING.
- Payment of application fees. Please submit the [Planning and Zoning Application Fee Calculation Request Form](#) a minimum of two (2) working days prior to application submittal to confirm required application fees.
- A site report will be required from the appropriate health district where individual wells or septic

tanks are proposed.

**ACKNOWLEDGEMENT**

I acknowledge that all items on the checklist are included in the submittal package and that all documents are single sided with no staples.

\_\_\_\_\_  
Applicant/Representative Printed Name

\_\_\_\_\_  
Date

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