



**CITY OF CALDWELL**  
Department of Building Safety  
205 S. 6th Ave.  
Caldwell, ID 83605  
Ph: 208-455-3024  
Brett Clark, C.B.O., Building Official  
Website \* [www.cityofcaldwell.org](http://www.cityofcaldwell.org)

**NEW OR REPLACED**  
**DWELLING**  
**IMPACT FEE**  
**EXEMPTION**

THIS FORM IS FOR THE REBUILDING OR REPLACEMENT OF A DWELLING UNIT ON PROPERTY OR WITHIN A SUBDIVISION THAT MAY BE EXEMPT FROM THE ASSESSMENT OF IMPACT FEES WITHIN THE CITY OF CALDWELL. ANY LOT THAT WAS OCCUPIED PRIOR TO MAY 15, 2007 WOULD BE EXEMPT. ANY LOT NOT OCCUPIED PRIOR TO MAY 15, 2007 WILL BE CHARGED THE FULL AMOUNT OF IMPACT FEES, IN ADDITION TO ANY PERMIT FEES.

**STRUCTURES THAT WERE DESTROYED MUST BE REBUILT OR REPLACED AND READY FOR OCCUPANCY WITHIN TWO (2) YEARS OF DESTRUCTION.**

FEE PAYOR MUST DEMONSTRATE BY DOCUMENTATION THAT A HOME WAS LEGALLY IN PLACE PRIOR TO THE EFFECTIVE DATE, OR THAT IMPACT FEES HAVE PREVIOUSLY BEEN PAID. THIS FORM SHALL BE COMPLETED IN IT'S ENTIRETY, SIGNED BY THE LOT OWNER, AND NOTARIZED. ANY REQUEST FOR EXEMPTION WILL BE SUBJECT TO INVESTIGATION BY THE DEPARTMENT OF BUILDING SAFETY.

**PROJECT INFORMATION**

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

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

New Construction  Replacement

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN  
To before me on this \_\_\_\_\_ day  
Of \_\_\_\_\_ 20\_\_\_\_  
Notary Public  
Residing In: \_\_\_\_\_  
Commission expires  
\_\_\_\_\_

**OFFICIAL USE**

PERMIT # This form is associated with \_\_\_\_\_ Received by, \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_  
*Or authorized representative*