

Pioneer Project Number:				
Date Pioneer Received:				
Check Received: Y or N / Amount:				
For Office Use Only				

Pioneer Irrigation District

P.O. BOX 426 • CALDWELL, IDAHO • 83606 (208) 459-3617 www.pioneerirrigation.com

Land Use Change / Encroachment Application

ALL LAND USE CHANGE APPLICATIONS ARE DUE BY NOVEMBER 15th

To be completed by Ap	plica	nt – incon	nplete applic	cations will not be	<u>consider</u>	red
Project Name:						
Applicant/Developer:						
Mailing Address:						
Contact Person:						
Phone:				Fax:		
E-Mail:						
Send Invoices To:						
Mailing Address:						
Contact Phone:				Fax:		
Contact Email:						
Design Engineer:						
Mailing Address:						
Contact Person:						
Contact Phone:				Fax:		
Contact E-Mail:					_	
Pioneer Specs Review	/ed?	Yes	No	How Obtained?		
Date on Spe						
Required Items – check box to indicate inclusion with submittal or answer questions completely						
Warranty deed showing ownership of property involved (please include a copy)						
Legal Description of all property involved (please include a copy)						
Vicinity map & detailed plans/specifications for the entire project (please include a copy)						

Pioneer Irrigation District					
Facility	Brief Description of Project				
Description of the land uses, structures, streets, roads, highways within 2,500 feet of the proposed / existing (choose one) encroachments (attach additional sheets if necessary):					
Description of necessary and/or obtained government permits, licenses, waivers and denials (include copies if available, and describe date issued or date of denial and duration of validity):					
Submitted by (please print):					
Applicant Signature:					
Date:					
FOR PIONEER IRRIGATION DISTRICT USE ONLY					
Hearing Date:	Application Number:				
Application	☐ Approved ☐ Denied				
Date:	Pioneer Representative Signature:				
Findings explaining the reasons for approval or denial of application are contained in the Minutes of Pioneer Irrigation District Board of Directors.					