

Pioneer Project Number: _____

Date Pioneer Received: _____

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 Applicant – incomplete applications will not be considered

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 Reviewed?	Yes	No	How Obtained?
Date on Specs?			
Required Items – check box to indicate inclusion with submittal or answer questions completely			
Warranty deed showing ownership of property involved (please include a copy)	<input type="checkbox"/>		
Legal Description of all property involved (please include a copy)	<input type="checkbox"/>		
Vicinity map & detailed plans/specifications for the entire project (please include a copy)	<input type="checkbox"/>		

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	<input type="checkbox"/> Approved <input type="checkbox"/> 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.	