



LOT SPLIT APPLICATION

FOR PLANNING DEPARTMENT USE ONLY

Pre-Application Conference (Y)____ (N)____ Date_____ By_____

File Reference Number _____ File Reference Name _____

Date Received _____ By _____

Fee _____ Receipt Number _____ Review Date _____

1. Applicant. _____

Phone: () _____ Fax: () _____ e-mail: _____

Address: _____

2. Legal Landowner(s). (If different than above) Please provide verification of ownership. _____

Phone: () _____ Fax: () _____ e-mail: _____

Address: _____

3. Surveyor. _____

Phone: () _____ Fax: () _____ e-mail: _____

Address: _____

4. Property Description.

- a. Lot _____ Block _____ Subdivision _____
- b. Section: _____ Township: _____ Range: _____
- c. RPA Number: _____
- d. Zoning District: _____
- e. General Location: _____
- f. Gross Site Acreage: _____
- g. Size of Proposed Lots or Parcels (Square Feet or Acres) #1 _____ #2 _____
- h. Current Use of Property: _____

- 5. Will the lots created have frontage on and direct access to an existing public street? Y___ N ___
- 6. Will the lots created have direct access to city water and sewer and all private utilities? Y___ N___
- 7. Preliminary Plat (Please Attach) - Contents as required by Salmon Development Code Appendix G – Division 1.
- 8. Contents of Final Plat – As required by Salmon Development Code Appendix G – Division 2.

9. Please sign and notarize the following:

I. Applicant. I (We) the undersigned applicant(s), certify that the statements and information contained in this application are true and correct, and agree to indemnify, defend, or hold the City of Salmon and it’s employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of my application.

Signed: _____ Date: _____

SUBSCRIBED AND SWORN to before me on (date) _____

Notary Public for Idaho residing at: _____

Expiration: _____

II. Legal Landowners (if different than above). I (We) the undersigned sole legal owners(s) of the subject property certify that the statements and information contained in this application are true and correct, and authorize the person(s) listed above as the applicant on this application to act in my (our) place, and to appear as my (our) agent with respect to this application:

Signed: _____ Date: _____

SUBSCRIBED AND SWORN to before me on (date) _____

Notary Public for Idaho residing at: _____

Expiration: _____

Note: Please provide a complete statement or answer to each line. Incomplete applications will not be accepted, and will cause delay in the processing and scheduling of the public hearing. Upon submittal of an application, the administrator will determine the application for completeness. If an application is determined to be incomplete, the administrator shall contact the applicant and request the materials necessary for completeness. Upon determining the application to be complete, the administrator shall schedule the application for a review date.