

TWIN FALLS COUNTY  
PLANNING & ZONING ADMINISTRATION  
630 ADDISON AVENUE WEST, SUITE 1100, TWIN FALLS, IDAHO 83301  
PHONE (208) 734-9490 FAX (208) 733-9645

**LOT LINE ADJUSTMENT in a PLATTED SUBDIVISION**  
**APPLICATION**

Date Received: \_\_\_\_\_

Application fee: \$ \_\_\_\_\_

**PROPERTY OWNER OF RECORD**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Cell or other #: \_\_\_\_\_

**APPLICANT / REPRESENTATIVE**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Cell or other #: \_\_\_\_\_

**Lot #1(Lot to be reduced)**

1. **Parcel No.** \_\_\_\_\_ (i.e. RP10S18E150000 or RPOK3838999100 - obtained on your tax information or from the County Assessor's Office)
2. **Copy of deed showing ownership including legal description** (Obtained from the County Clerk's Office)
3. **Current Acreage:** \_\_\_\_\_ **Acreage Reduced by:** \_\_\_\_\_ **Acreage Created:** \_\_\_\_\_
4. **Address** (if known): \_\_\_\_\_ **City:** \_\_\_\_\_
5. **Subdivision Information:** Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Lot #2(Lot to be increased)**

6. **Parcel No.** \_\_\_\_\_ (i.e. RP10S18E150000 or RPOK3838999100 - obtained on your tax information or from the County Assessor's Office)
7. **Copy of deed showing ownership including legal description** (Obtained from the County Clerk's Office)
8. **Current Acreage:** \_\_\_\_\_ **Acreage Increased by:** \_\_\_\_\_ **Acreage Created:** \_\_\_\_\_
9. **Address** (if known): \_\_\_\_\_ **City:** \_\_\_\_\_
10. **Subdivision Information:** Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**GENERAL INFORMATION**

11. **Zone:** Rural Residential: \_\_\_\_\_ Ag Zone (40 acre zone): \_\_\_\_\_ Ag Pres (160 acre zone): \_\_\_\_\_ Commercial: \_\_\_\_\_
12. **Copy of existing Subdivision Plat and Proposed Amendments:** showing property lines, road names and locations, road utilities and other easements, etc. (Drawn to scale, showing north orientation)

13. **Required comment/approval letters from the following agencies:**

- A. **Irrigation Water:** Provide letter from the applicable Canal Company or District. Provide information on availability of water shares, number of shares, potential impact, etc.
- B. **Water Source:** Is there a private well, shared well, or public water supply and what impact the division will have. Provide a letter from the Idaho Department of Water Resources if there is a non-domestic well and/or shared well.
- C. **South Central District Health Department:** Provide a letter from the Health Department advising of septic system requirements and potential impacts.
- D. **Highway District:** Provide a letter from the applicable Highway District advising of the potential impact, what approach will be used to access the property, etc.
- E. **Fire Department:** Provide a letter from the applicable Fire District advising of access and driveway requirements, potential impact, etc.
- F. **Utility Companies** (i.e. gas, power, etc.): Provide a letter from the applicable utility companies.

14. **Other** such information as may be deemed necessary by the Zoning Administrator.

I hereby apply for the above permit and acknowledge that I have read this application and hereby certify that the information I have provided is correct.

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Signature of Owner Lot #1

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Date

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Signature of Owner Lot #2

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Date