

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

SUBDIVISION FINAL PLAT
APPLICATION

Date Received: _____

Application fee: \$ _____

County Engineer Plat Check Fees: \$ _____

PROPERTY OWNER OF RECORD

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

APPLICANT / REPRESENTATIVE

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

Submit the following information:

1. Compliance with conditions of approval.
2. Cost estimate of improvements.
3. Development Agreement.
4. Performance Guarantee.
5. Grid addressing
6. Final Plat
7. A 24" x 36" & 11" x 17" paper copy, and disc copy of the final plat.
8. Draft CC&Rs.
9. Road maintenance agreement, if private roads.
10. Water stock information.
11. Irrigation facilities and drainage systems plans.

I hereby verify the conditions have been met and hereby certify that the information I have provided is correct.

Signature of Owner / Developer

Date