

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 PRELIMINARY PLAT
APPLICATION

Date Received: _____

Application fee: \$ _____

PROPERTY OWNER OF RECORD

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

DEVELOPER / REPRESENTATIVE

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

Address/General Location of Project: _____ City: _____

Current Land Use: _____

Surrounding Land Use: _____

Total Acreage: _____ Number of Lots Proposed: _____

GENERAL INFORMATION

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. **Section:** _____ **Township:** _____ **Range:** _____ **Acreage:** _____

4. **If in subdivision:** Lot: _____ Block: _____ Subdivision: _____

5. **Zone:** Rural Residential: _____ Commercial: _____

6. **Vicinity map** shall contain the following general information and existing conditions:

- A. Boundary lines of the tract, distances, and approximate acreage enclosed.
- B. Streets; location, name, present width, type of surfacing of all streets, alleys, and rights-of-way, including walks, curbs, gutters and culverts on and abutting the tract. There shall be no duplication in the name of the proposed subdivision or roadways contained therein.
- C. Easements: approximate width, location and purpose of all existing easements on and abutting the tract.
- D. Utilities on and abutting the tract.
- E. Location and size of sanitary and storm water design plan.
- F. Water courses on, or abutting, the property showing the location and direction of flow.
- G. Existing uses of the property, including the location and use of all existing structures to remain on the property after platting.
- H. Zoning on and adjacent to the tract.
- I. Name of the subdivision.
- J. Date, north point and scale drawing.
- K. Location of the subdivision by section, township and range
- L. Names, addresses and telephone numbers of the owner, developer and designer.
- M. Relationship to the nearest major streets in the area.

7. **Preliminary Plat** showing proposed improvements (24" x 36" & 11" x 17"):

- A. Streets: location, names, grid addressing, right-of-way widths.
- B. Easements: location, width and purpose of all easements.
- C. Proposed Streets: location and width.
- D. Lots: approximate dimensions of all lots.
- E. Proposed lot and block numbers.
- F. Proposed use of property.
- G. Improvements: sidewalks, curbs, gutters, sewer drains, paved roads and storm water retention.
- H. Method of sewage disposal.
- I. Irrigation systems.

8. **Written description** of proposed development to include but not limited to the following:

- A. Phased project.
- B. Weed control.
- C. Road maintenance agreement. (If private)
- D. Water rights and water delivery system.
- E. Storm water runoff.
- F. Geological impact.
- G. Provide an impact study according to Twin Falls County Code Title 8 Section 8-9-17A-C. The study shall include, but may not be limited to, a study of the potential impact upon drainage, grading of slopes, utilities, vegetation impact and influence, air quality, water quality, public and wildlife easements, geological impact, water sources, sewerage facilities, transportation, fire protection and firebreaks, police protection, solid waste, schools, recreation, and aesthetic value.
- H. Traffic impact.
- I. Domestic water source.
- J. Utilities.
- K. Solid waste.

9. **General information** comment and/or approval from: (please allow 30 days for response from these agencies)

- A. Highway District and/or Idaho Department of Transportation.
- B. Canal Company or District.
- C. Local Fire Department.
- D. Local School District.
- E. Sheriff's Department.
- F. South Central District Health Department.
- G. Idaho Department of Water Resources.
- H. Twin Falls County Bureau of Weed Control.
- I. Twin Falls County Parks
- J. Fish & Game Dept.
- K. Local Post Office

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.

Signature of Owner

Date

Signature of Developer / Representative

Date