

**City of Newdale
Planning & Zoning Department
P.O. Box 70
Newdale, ID. 83436
(208) 458-4068 Office**

CLASS I PERMIT (Chapter III (B)(1)(a))

LOT SPLIT

Proper fee \$210 for Lot Split Permit

Permit # _____

RA: _____

Date Paid: ___/___/___

SUBMITTALS:

The review Process will require 7 - 10 working days. All information called for on this form shall be required for a complete application and no incomplete application will begin the review process.

Please provide the following:

- PARCEL NUMBER** _____
- MAP** – Showing the proposed division, structures, and all the property lines. This can be a hand drawn map but must be legible and drawn to scale.
- PARCEL MAP** - Available from the Assessor's office
- WARRANTY DEED** - or evidence of providing information as to current owner of property

If you propose to build on the newly created parcel – Please be aware that the following agencies may require additional permitting.

- UTILITY COMPANY** – Can power be provided to parcel?
- FIRE DISTRICT** – Please be aware of accessibility issues for emergency vehicles to be able to reach your property. Address numbers need to be visible for emergency services to be able to locate your property!

REQUIRED FOR APPROVAL:

- TAXES**, paid for current year. Approval from **Treasurer's office**: _____

GENERAL INFORMATION:

Size of Original Parcel in acres or square feet _____

Size of new proposed parcel in acres or square feet _____

Has the property been divided or changed configuration since June 8, 1992? If yes, please explain: _____

CONTINUE APPLICATION ON REVERSE SIDE.

City of Newdale
Planning & Zoning Department
P.O. Box 70
Newdale, ID. 83436
(208) 458-4068 Office

ZONING REVIEW INFORMATION REQUIRED

Can access to the new parcel be provided? Yes / No

Can City of Newdale setbacks be met for any structures to be constructed? _____

Is this parcel adjacent to any agriculture activities? Yes / No

PLEASE ATTACH A LEGAL DESCRIPTION FOR THE NEW PARCEL

SITE INFORMATION:

City of Newdale : Lot: _____ Block: _____

Site Address (May be issued when Building Permit is applied for) _____

Tax Parcel Number(s): _____, _____, _____

District _____ Assessor's Categories _____

OWNERS:

Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

APPLICANT:

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

I consent to this application and allow Planning & Building Staff to enter the property for site inspections related to this application.

I certify information is correct to the best of my knowledge.

Signature: (Owner)

Date:

Signature: (Applicant)

Date:

OFFICE USE ONLY

PERMIT:	RECEIVED BY:	DATE:
PERMIT APPROVED BY:		DATE:
COMMENTS:		