



TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES
630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301
Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

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.

Signature of Owner Lot #1

Date

Signature of Owner Lot #2

Date