



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

SUBDIVISION VACATION APPLICATION

The Planning Staff will review this application for completion, and then schedule a public hearing by the Board of County Commissioners (BOCC). The Board shall make a decision to approve or deny the application.

To expedite the review of your application, please be sure to address each of the following items. Incomplete applications will not be considered.

Disclaimer: Receipt of this submission of application materials does not represent acceptance or approval of submitted items or a complete application.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner: _____
Applicant: _____ E-mail: _____
Phone: _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Name of Subdivision: _____
Address: _____ Section: _____ Township: _____ Range: _____
Legal Description: _____
Total Acres: _____ Total Lots: _____ Zoning: _____

- | | |
|---|--|
| <input type="checkbox"/> Fee (\$475.08) | <input type="checkbox"/> Latest recorded deed to the property |
| <input type="checkbox"/> Survey and plat to be recorded | <input type="checkbox"/> Letters of Agency Approvals – Highway Dist., Health District & Etc. |
| <input type="checkbox"/> List of all property owners affected | <input type="checkbox"/> Taxes Current |
| <input type="checkbox"/> Reason for vacation | |

I, the undersigned, understand that the items listed below are required for my application to be considered complete and for it to be scheduled on the agenda for the Board of County Commissioners.

- Applicant Signature: _____ Date: _____

I, the undersigned, am the owner of the referenced property and do hereby give my permission to _____ to be my agent and represent me in the matters of this application. I have read the attached information regarding the application and property and find it to be correct.

- Owner Signature: _____ Date: _____

Fees are non-refundable.



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SECTION II: CRITERIA FOR RECOMMENDATIONS AND DECISIONS

The following shall be used in order for the BOCC to make decision and must be attached to this form.

1. A survey map showing the area requested to be vacated showing:
 - a) Perimeter, dimensions and topography of the property.
 - b) The names and locations of all streets bordering the property.
 - c) The location of all easements or rights-of-way.
 - d) The location and dimensions of present and proposed structures.
 - e) Existing wells
 - f) That the subdivision vacation will not leave real property adjoining the highway or public right of way without access to the public highway or right of way.
 - g) Relocation plan of utilities

2. A statement or Reasoning about why the vacation should be approved.

SECTION III: ANALYSIS REASONING AND FACT FINDING IN CONSIDERATION AND ACCORDANCE WITH THE ABOVE LISTED CRITERIA

The following will be considered by the BOCC.

1. Each exception to otherwise applicable restrictions shall be identified and the reasons provided
2. The vacation is consistent with the public health, safety and welfare of the county.
3. The PUD, subdivision, or tract contains the minimum of open space required by this title or amount of open space agreed to in the plans and plat.
4. If contested, the applicant and objector may follow the prescribed hearing guidelines of Idaho Code §50-1319 concerning this application.

SECTION IV: STAFF SUMMARY

Required Notification in accordance with Title 50, Chapter 13, Section 1306A of the Idaho Code

This hearing shall be duly noticed in the *Times News* and notification shall be notified via mail to surrounding property owners in accordance with Idaho Code 50-1306A. Letters for surrounding property owners must be submitted no later than 30 days prior to the hearing to the Planning & Zoning Office addressed with proper postage for mailing by the Office Staff.

For Staff Only
