



**Type of Review Requested (check all that apply)**

- Administrative Determination
- Business Permit
- Certificate of Compliance
- Home Occupation
- Mobile Food Unit
- Lot Line Adjustment
- Simple Lot Split
- Temporary Use
- Time Extension/Renewal
- Transient Merchant License
- Other \_\_\_\_\_

**STAFF USE ONLY:**

File number(s): \_\_\_\_\_

Project name: \_\_\_\_\_

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Related files: \_\_\_\_\_

**Subject Property Information**

Address: \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_

Subdivision: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Acreage: \_\_\_\_\_ Zoning: \_\_\_\_\_

Prior Use of the Property: \_\_\_\_\_

Proposed Use of the Property: \_\_\_\_\_

**Applicant Information:**

Applicant Name (Business Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Agent Name: (e.g., architect, engineer, developer, representative) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**Authorization**

Print applicant name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CITY OF  
*Caldwell, Idaho*

Planning & Zoning  
LOT LINE ADJUSTMENT

Project Name:	File #:
Applicant/Agent:	

Applicant (v)	Please provide the following REQUIRED documentation:	Staff (v)
	Completed & signed Administrative Review Application	
	Narrative fully describing the proposed use/request	
	Recorded warranty deeds for the subject properties	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject properties (8 ½" x 11")	
	Existing recorded plat in which the subject properties lie (8 ½" x 11") (if applicable)	
	Copy of the Record of Survey showing the adjusted property boundaries (8 ½" x 11") (if applicable)	
	Legal description (metes & bounds) of the new property boundaries and closure sheet	
	Fee	

*After initial approval of the request, the applicant has 4 months to provide the Planning & Zoning Department with copies of the recorded Record of Survey (8 ½" x 11") and the recorded deeds. If these are not received within the given time frame, the approval will become null and void. A Record of Survey is not required when you are simply combining 2 or more adjoining parcels.*

**STAFF USE ONLY:**

Date of Initial Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date of Final Approval: \_\_\_\_\_

Approved by: \_\_\_\_\_

# Property Owner Acknowledgement

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

being first duly sworn upon, oath, depose and say:

1. That I am the record owner, or authorized designee of the record owner of property located at

\_\_\_\_\_  
(Address)

and I grant my permission to:

\_\_\_\_\_, \_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

to submit the accompanying application(s) pertaining to that property.

2. I agree to indemnify, defend and hold the City of Caldwell and its employees harmless from any claim or liability resulting from any dispute as to the statement(s) contained herein or as to the ownership of the property which is the subject of the application.
3. I hereby grant permission to City of Caldwell staff to enter the subject property for the purpose of site inspection(s) related to processing said application(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Signature)