

CITY OF Galdwell, Idaho

Planning & Zoning

SIMPLE LOT SPLIT

Project Name:	File #:
Applicant/Agent:	

Applicant (√)	Description	Staff (√)
	Completed & signed Administrative Review Application	
	Narrative fully describing the proposed use/request	
	Recorded warranty deed for the subject property	
	Signed Property Owner Acknowledgement (if applicable)	
	Vicinity map, showing the location of the subject property (8 ½" x 11")	
	Existing recorded plat in which the subject property lies (8 ½" x 11") (if applicable)	
	Copy of the Record of Survey showing the new property boundaries (8 ½" x 11")	
	Legal description (metes & bounds) of the new property boundaries and closure sheet	
	Fee	

After approval of the request, the applicant has 4 months to provide the Planning & Zoning Department with copies of the recorded Record of Survey (8 $\frac{1}{2}$ " x 11") and the recorded deeds. If these are not received within the given time frame, the approval will become null and void.

STAFF USE ONLY:
Date of Initial Approval:
Approved by:
Date of Final Approval:
Approved by: