



MASTER ADMINISTRATIVE REVIEW APPLICATION

GEM COUNTY DEVELOPMENT SERVICES DEPARTMENT

109 SOUTH MCKINLEY, EMMETT, IDAHO 83617 WWW.GEMCOUNTY.ORG PHONE: (208) 365-5144

TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY.)

- | | | |
|--|--|--|
| <input type="checkbox"/> ALTERNATIVE COMPLIANCE (LANDSCAPE PLAN) | <input type="checkbox"/> FLOODPLAIN DEVELOPMENT PERMIT | <input type="checkbox"/> SIGN PERMIT |
| <input type="checkbox"/> CERTIFICATE OF ZONING COMPLIANCE | <input type="checkbox"/> PLAT TIME EXTENSION | <input type="checkbox"/> SUBDIVISION, FINAL |
| <input type="checkbox"/> CERTIFICATE OF ZONING COMPLIANCE
W/ PRIOR APPROVAL | <input type="checkbox"/> PRIVATE ROAD APPLICATION | <input type="checkbox"/> SUBDIVISION, MINOR |
| <input type="checkbox"/> DIRECTOR DETERMINATION | <input checked="" type="checkbox"/> PROPERTY BOUNDARY ADJUSTMENT | <input type="checkbox"/> TEMPORARY HARDSHIP PERMIT |
| <input type="checkbox"/> DESIGN REVIEW ADMINISTRATOR APPROVAL | <input type="checkbox"/> SECONDARY DWELLING SITE PLAN | <input type="checkbox"/> TEMPORARY USE PERMIT |

PROJECT NAME: _____

SITE INFORMATION:

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____

Subdivision Name (if applicable): _____

Lot: _____ Block: _____

Site Address: _____ City: _____

Tax Parcel Number(s): _____ Current Zoning: _____ Current Land Use: _____

PROPERTY OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

APPLICANT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

I certify that the information in this application is correct to the best of my knowledge.

Signature: (Owner)

Date

Signature: (Applicant)

Date

OFFICE USE ONLY

File No.:

Received By:

Date:

Fee:

Receipt No:

Property Boundary Adjustment ADMINISTRATIVE REVIEW APPLICATION

ADDITIONAL PARCELS

THIS PAGE ONLY APPLIES IF MORE THAN TWO PARCELS ARE INVOLVED WITH THE PROPERTY BOUNDARY ADJUSTMENT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

Total Acres after adjustment: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

Total Acres after adjustment: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

Total Acres after adjustment: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

Total Acres after adjustment: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

total Acres after adjustment: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s): _____

Zoning: _____ Total Acres: _____

Total Acres after adjustment: _____



PROPERTY BOUNDARY ADJUSTMENT/LINE BREAK SUBMITTALS AND CHECKLIST

GEM COUNTY DEVELOPMENT SERVICES
109 South McKinley, Emmett, Idaho 83617
www.gemcounty.org phone: (208) 365-5144

REASON FOR REQUESTED PROPERTY BOUNDARY ADJUSTMENT:

SUBMITTAL REQUIREMENTS

FEE: A \$130.00 per survey fee must accompany the completed application. (*Non-Refundable*).
The applicant is responsible to pay any County Engineer review fees that are associated with the application.

PROOF OF OWNERSHIP: Attach a copy of warranty deed for all affected properties.

CONSENT: Attach notarized consent from all property owners affected by the proposed adjustment. The signature must be the same name as show on the deed.

PARCEL MAP: Attach a map showing existing and proposed property boundary lines, any easements affecting the property, existing buildings, wells, and septic systems (can be hand drawn).

LETTER OF INTENT: A written narrative to address the following nine (9) standards (if not applicable, please state so in the narrative):

- a) A property boundary adjustment shall not reduce the property size below the minimum dimensional standards prescribed by the Zoning Ordinance or this title including regulations for individual wastewater treatment systems and wells.
- b) If one or more of the properties is nonconforming as to the minimum dimensional standards prescribed by the Zoning Ordinance and this title (including, but not limited to, the size and road frontage), the property boundary adjustment shall not increase the nonconformity except allowed under Chapter 11-9-6.
- c) A property boundary adjustment shall not increase the original number of properties.
- d) A property boundary adjustment shall not change or move any public streets, private lanes, easements, or publicly dedicated areas in any manner. If any such area is to be vacated to necessitate the adjustment, a Vacation application must be approved prior to applying for a property boundary adjustment.
- e) The property boundary adjustment shall not constitute a relocation of a property.
- f) For platted lots, the property boundary adjustment shall be in substantial conformance to the recorded plat. This shall be interpreted to mean no more than ten percent (10%) of the total number of lots within the recorded plat may be affected by the adjustment.
- g) No permanent structures or other encroachments are allowed over platted lot lines which have existing easements, regardless of any property boundary line adjustment being approved.
- h) All current taxes must be paid in full on any property affected by the adjustment prior to the administrator's tentative approval being issued.
- i) If one (1) or more of the parcels affected by an adjustment is greater the forty (40) acres after the adjustment, then a record of survey is not required on the full boundary of the resulting parcel. However, a survey is required on any portion of the parcel(s) that is adjusted and new legal descriptions are required that describe the full boundary of all affected parcels, including remainder parcels.

CHECKLIST

SUBMITTALS	APPLICANT (√)	STAFF (√)
FEE		
PROOF OF OWNERSHIP		
CONSENT		
PARCEL MAP		
LETTER OF INTENT		
IF ACCOMPANIED WITH A SURVEY, PLEASE INCLUDE THE FOLLOWING:		
CLOSURES		
NEW LEGAL DESCRIPTIONS		
LARGE MAP & 8 ½" X 11"		
DRAFT DEEDS		

FINAL APPROVAL PROCESS:

**After all required submittals have been verified and a tentative approval letter issued, the applicant shall have six (6) months to complete the following:*

SURVEYOR'S STATEMENT: The surveyor shall certify that there are no existing structures or other encroachments over the new/adjusted line or within the required setbacks. Include said statement on the final Record of Survey.

MYLAR: Submit two (2) full size paper copies along with a reduced 8 ½" X 11" copy of the Record of Survey and the executable deeds to the Development Services Department for final approval. Once final approval is granted, submit the Record of Survey on Mylar with one (1) full size paper copy and a reduced 8 ½" X 11" copy for Administrator signature.

FINAL APPROVAL: Upon final approval from the administrator the applicant shall file the survey and deeds with the Gem County Recorder's Office and obtain new tax parcel numbers from the Gem County Assessor's Office.

Applicant Signature

Date

****FOR OFFICE USE ONLY****

APPLICATION COMPLETION DATE:_____

**Gem County
Development Services Dept.
109 So. McKinley Ave.
Emmett, ID 83617**

To Whom It May Concern,

I (We) _____ do hereby
agree to the proposed lot line adjustment between myself (ourselves) and
_____ on our
properties in ___ ¼ of Section ___, Township ___ North, Range ___ West (East), B.M..

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

State of Idaho)
) ss.
County of Gem)

On this ___ day of _____, 20___, before me, a notary public, personally appeared
_____, known to
me or proved to me on the basis of satisfactory evidence to be the person(s) that executed this
instrument and acknowledged to me that (they)(she)he executed the same.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year first
above written.

Notary Public for Idaho

Residing at: _____, Idaho

Commission expires:

Note: A SEPARATE NOTARIZED FORM MAY BE ATTACHED IF NEEDED