



MASTER PUBLIC HEARING APPLICATION

GEM COUNTY DEVELOPMENT SERVICES

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

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

- APPEAL
- COMPREHENSIVE PLAN TEXT AMENDMENT
- COMPREHENSIVE PLAN MAP AMENDMENT
- DESIGN REVIEW
- DEVELOPMENT AGREEMENT
- PLANNED UNIT DEVELOPMENT
- PLANNED COMMUNITY
- REZONE
- SPECIAL USE PERMIT
- SPECIAL USE PERMIT (MINERAL EXTRACTION)
- SUBDIVISION, PRELIMINARY
- SUBDIVISION, MODIFICATION
- SUPPLEMENTAL AMENDMENT
- VACATION
- VARIANCE
- ZONING TEXT AMENDMENT

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:

APPLICANT:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

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

I certify this information 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:
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VACATION SUBMITTALS AND CHECKLIST

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

THE REASON FOR THE REQUEST TO VACATE:

Submittal Requirements:

FEE: A \$330.00 fee must accompany this completed application. (*Non-refundable*)

LETTER OF INTENT: A complete statement explaining the reasons a vacation of property is needed, and how the applicant plans to compensate Gem County for the amount of property they will gain from the action.

VICINITY SKETCH: A vicinity map, which is drawn to scale, must be attached showing the location of the property under consideration.

LEGAL DESCRIPTION: A metes and bounds description or lot and block of the entire area to be vacated.

MAP: A survey map showing the area requested to be vacated.

HEALTH DEPARTMENT APPROVAL: (If necessary)

RELOCATION OF UTILITIES PLAN: (If necessary)

PROOF OF OWNERSHIP OR VALID OPTION HOLDER: Attach a copy of your property deed, option agreement, quit claim deed, or title report with complete legal description.

NOTARIZED CONSENT: A notarized statement of consent from all titled owners affected by the application.

PLAT MAP: Show property under consideration and surrounding properties.

AERIAL PHOTO: Show property under consideration and surrounding properties.

(THE ABOVE ITEMS WILL BE PROVIDED BY THE DEVELOPMENT SERVICES OFFICE)

Checklist

SUBMITTALS	APPLICANT (√)	STAFF (√)
FEE		
LETTER OF INTENT		
VICINITY SKETCH		
LEGAL DESCRIPTION		
PROOF OF OWNERSHIP		
NOTARIZED CONSENT		
PLAT MAP	N/A	
AERIAL PHOTO	N/A	
PROPERTY OWNERS WITHIN 300'	N/A	

The Administrator reserves the right to not officially accept this application until total review is accomplished and all required information is submitted.

The date of the public hearing before the Board of County Commissioners will be established by the Administrator upon the acceptance of complete application. All applications to vacate land, easements, streets, plats or portions thereof shall be done in accordance with Idaho Code 50-1306A.

The applicant is responsible to pay any County Engineer fees that are associated with the application.

Applicant's Signature _____ Date: _____

FOR OFFICE USE ONLY

APPLICATION COMPLETION DATE: _____ COMMISSION HEARING DATE: _____