

# **FINAL PLAT SUBMITTAL LIST**

## **CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT**

111 North 11<sup>th</sup> Avenue, #310, Caldwell, ID 83605

[zoninginfo@canyoncounty.id.gov](mailto:zoninginfo@canyoncounty.id.gov) | Phone: 208-454-7458 | Fax: 208-454-6633



### **THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS CHECKLIST:**

<input type="checkbox"/>	Master Application completed and signed
<input type="checkbox"/>	Copy of Final Plat*
<input type="checkbox"/>	Final Drainage Plan*, if applicable
<input type="checkbox"/>	Final Irrigation Plan*, if applicable
<input type="checkbox"/>	Final Grading Plan*, if applicable
<input type="checkbox"/>	Construction Drawings for all required improvements*, if applicable CCZO §07-17-29(3)
<input type="checkbox"/>	<b>\$1000 +\$10/lot +\$100( if in an area of impact) non-refundable fee</b>

\* Submittal must include a full-size paper copy, an electronic copy in PDF format, and the CAD file (if a CAD file exists).

### **NOTES:**

1. Any conditions of approval given during the rezoning or preliminary plat process, if applicable, must be addressed as part of submittal materials to ensure condition compliance is met.
2. After the plat is reviewed and found to be in compliance, an **additional five (5) paper copies of the final plat** may be required to be submitted.
3. Evidence that all improvements have been completed or bonded per CCZO § 07-17-29(4) must be submitted after construction drawing approval and before final plat signature by the Board of County Commissioners.

# MASTER APPLICATION

## CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11<sup>th</sup> Avenue, #140, Caldwell, ID 83605

[www.canyonco.org/dsd.aspx](http://www.canyonco.org/dsd.aspx) Phone: 208-454-7458 Fax: 208-454-6633



<b>PROPERTY OWNER</b>	OWNER NAME:
	MAILING ADDRESS:
	PHONE: <span style="float: right;">EMAIL:</span>

I consent to this application and allow DSD staff / Commissioners to enter the property for site inspections. If owner(s) are a business entity, please include business documents, including those that indicate the person(s) who are eligible to sign.

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

<b>(AGENT) ARCHITECT ENGINEER BUILDER</b>	CONTACT NAME:
	COMPANY NAME:
	MAILING ADDRESS:
	PHONE: <span style="float: right;">EMAIL:</span>

<b>SITE INFO</b>	STREET ADDRESS:			
	PARCEL #:		LOT SIZE/AREA:	
	LOT:	BLOCK:	SUBDIVISION:	
	QUARTER:	SECTION:	TOWNSHIP:	RANGE:
	ZONING DISTRICT:		FLOODZONE (YES/NO):	

<b>HEARING LEVEL APPS</b>	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> COMP PLAN AMENDMENT	<input type="checkbox"/> CONDITIONAL REZONE
	<input type="checkbox"/> ZONING AMENDMENT (REZONE)	<input type="checkbox"/> DEV. AGREEMENT MODIFICATION	<input type="checkbox"/> VARIANCE > 33%
	<input type="checkbox"/> MINOR REPLAT	<input type="checkbox"/> VACATION	<input type="checkbox"/> APPEAL
	<input type="checkbox"/> SHORT PLAT SUBDIVISION	<input type="checkbox"/> PRELIMINARY PLAT SUBDIVISION	<input type="checkbox"/> FINAL PLAT SUBDIVISION

<b>DIRECTORS DECISION APPS</b>	<input type="checkbox"/> ADMINISTRATIVE LAND DIVISION	<input type="checkbox"/> EASEMENT REDUCTION	<input type="checkbox"/> SIGN PERMIT
	<input type="checkbox"/> PROPERTY BOUNDARY ADJUSTMENT	<input type="checkbox"/> HOME BUSINESS	<input type="checkbox"/> VARIANCE 33% >
	<input type="checkbox"/> PRIVATE ROAD NAME	<input type="checkbox"/> TEMPORARY USE	<input type="checkbox"/> DAY CARE
	<input type="checkbox"/> OTHER _____		

CASE NUMBER:	DATE RECEIVED:
RECEIVED BY:	APPLICATION FEE: <span style="float: right;">CK MO CC CASH</span>