

Lemhi County Planning & Zoning



Lot Split Application

200 Fulton Suite #204
Salmon, Idaho 83467
Phone: (208)756-6913 ext. 263
Fax: (208)756-6915
Email: buildingdept.lemhcounty@centurytel.net
Website: lemhcountyidaho.org

LOT SPLIT INSTRUCTIONS

- 1.) There will be an initial fee of \$100.00 to begin the application process. This fee will be collected by the Planning and Zoning office. The location and size of the original parcel will determine how many splits will be allowed.
- 2.) Eastern Idaho Public Health will determine whether a septic can be put on each piece. By state law Eastern Idaho Public Health is required to charge an application fee plus an additional fee per lot created.
- 3.) You will be required to hire a surveyor who will survey the entire parcel and determine the legal description(s) of the splits. Surveying fees vary depending on the size and location of the property.
- 4.) The applicant or surveyor must circulate the lot split agency review & approval sheet and small scale development completion sheet to the various departments for approval, before submitting to Gary Goodman, Planning & Zoning Administrator.
- 5.) The final plat will be brought to the Planning & Zoning office to obtain signatures of the various officials who are required to give approval by signing the signature page of the plat.
- 6.) The plat will then be approved and recorded by the Planning & Zoning office with Lemhi County Clerk's Office. The small scale development completion sheet along with the deeds shall be filed with the plat.

Lot Split Permit Application

A separate application must be filed for each original parcel

Permit # _____

Original Parcel Number: Original Parcel Size: Number of Proposed Splits:	Parcel Created	Size:	Remaining Splits:
	A:		
	B:		
	C:		
	D:		
	E: Or Remainder		

1. Legal Description: Attach Proposed Plat & Deeds	Section:	Township:	Range:	Zoning District:
--	----------	-----------	--------	------------------

2. Owner Name:	Address:	Telephone:
----------------	----------	------------

3. Engineer/Surveyor:	Address:	Telephone:
-----------------------	----------	------------

4. This signature acknowledges that all information on this application and the attached plat is true and correct, AND the activity permitted will be conducted in full compliance with all ordinances of the Lemhi County Development Code, State and Federal Law; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval of previous permits (special use permits, variance etc.) required. This permit expires in one year if the activity authorized is not commenced OR if the activity is commenced but abandoned for one year at any time before completion.

Applicant or Authorized Signature: _____ Date: _____

Conditions Imposed:	Checked for Compliance	
	<input type="checkbox"/> Complies	<input type="checkbox"/> Does Not Comply

Permit Approved By: _____	Application Fee: \$100.00
	Date: _____

LEMHI COUNTY
LOT SPLIT AGENCY REVIEW & APPROVAL

Current Owner: _____ **Please obtain all signatures in the order they are listed**

<p>Eastern Idaho Public Health</p> <p>Comments or Conditions of Approval:</p> <p>Signature: _____ Date Approved: _____</p>
<p>Lemhi County Road & Bridge Department</p> <p>Comments or Conditions of Approval:</p> <p>Signature: _____ Date Approved: _____</p>
<p>Idaho Department of Transportation (Note: Where any driveways or roads access a state or federal highway and access permit shall be obtained from the Idaho Department of Transportation)</p> <p>Signature: _____ Date Approved: _____</p>
<p>Lemhi County Assessors (Note: Assessor must review deed & plat before it can be recorded)</p> <p>Comments or conditions of Approval:</p> <p>Note: The Assessors Office Requires That Recorded Legal Descriptions Meet Idaho Code In Order For The Assessors Office To Process The Recorded.</p> <p>Signature: _____ Date Approved: _____</p>
<p>Lemhi County Building Department</p> <p>Comments or Conditions of Approval:</p> <p>Signature: _____ Date Approved: _____</p>

Subscribed and Sworn to before me this ____ day of _____, 201_

NOTARY PUBLIC in and for the _____

State of Idaho

My commission expires _____

State of Idaho)

Lemhi County) SS

Instrument No. _____

This instrument was filed for record at the request of _____

at _____ O'clock _____ M _____ and duly filmed and indexed in the records of Lemhi County

Terri Morton

Ex- Officio Recorder

By _____ Deputy

Fee _____ Return to _____

Your Permit is void if your check does not clear.

11/09

Lemhi County Completion of Small Scale Development Requirements

Pursuant to _____ Date recorded: _____ As instrument # _____

RP # : _____

Developer Name: _____

Idaho Power or Power provider in your area

Date of project completion: _____

Authorized Signature: _____

Comments: Please Attach

(This signature is acknowledging that there is availability for phone and/or power)

Telephone In Your Area

Date of project completion: _____

Authorized Signature: _____

Comments: Please Attach

(This signature is acknowledging that there is availability for phone and/or power)

Lemhi County Road & Bridge

Date of project completion: _____

Authorized Signature: _____

Comments: Please Attach

Idaho Department of Transportation

Date of project completion: _____

Authorized Signature: _____

Comments: Please Attach

(Please see IDT if you project involves a State or Federal Highway)

Eastern Idaho Public Health Department

Date of test hole completion: _____

Authorized Signature: _____

Comments: Please Attach

(Please see EIPH if your development includes Central water and/or Sewer)

Fire District

Date of project completion: _____

Authorized Signature: _____

Comments: Please Attach

(Make sure you contact the Fire District in your area)

Approved by: _____ **Date:** _____

Lemhi County Planning & Zoning Office

State of Idaho

County of Lemhi

On this ____ day of _____, 20____, before me, the undersigned a Notary Public in and for the State of Idaho personally appeared _____ known to me to be the person who executed the within instrument and acknowledged to me to be the same.

Notary Public for the State of Idaho

Residing at: _____

Comm. Expires: _____

Seal:

Time: _____ Day: _____ Month: _____ 2009

Book: _____ Page: _____ Inst. No. _____

Recorder: _____

By: _____

***This document must be submitted to the Lemhi County Planning & Zoning Department prior to having your Small Scale Development plat recorded. This document is subject to change. (Chapter 10 of the Lemhi County Development Code)*