



CANYON COUNTY DEVELOPMENT SERVICES

111 North 11th Avenue, Caldwell, ID 83605 Phone: 208-454-7458 Fax: 208-454-6633

FINAL PLAT CHECKLIST

APPLICANT:	SUBIVISION NAME:
LAND USE CASE #:	SUBDIVISION CASE #:

CANYON COUNTY CODE OF ORDINANCES 12-008, § 07-17-13(1-6)

The information hereinafter required as part of the preliminary plat submitted shall be shown graphically or by note on plans, and may comprise several sheets showing various elements or required data.

	APP.	DSD/SRT
1. METHOD & MEDIUM OF PRESENTATION: A. All plats to be recorded shall be prepared on a drafting medium in accordance with Requirements of Idaho Code title 55, chapter 19, paragraph (1) for Records of Survey Maps. B. The plat shall be drawn to an accurate scale of not more than one hundred feet to inch (100'=1") unless otherwise approved by DSD <u>prior to submission</u> . C. The final plat drawing shall be additionally submitted in digital form approved by the Director.	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____
2. IDENTIFICATION DATA REQUIRED: A. A title which includes the name of the subdivision and its location by number of section, township, range and county shall be placed together at one location at the top of the sheet and generally centered. B. Name, address and official seal of the surveyor preparing the plat. C. North arrow D. Date of the preparation E. Revision block showing dates of any revisions subsequent to the original preparation date. The revision block shall be part of the title block which shall be placed along the right edge of the drawing.	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____
3. SURVEY DATA REQUIRED: A. Boundaries of the tract to be subdivided and the interior lots are to be fully balanced and closed, showing all bearings and distances determined by an accurate survey in the field. All dimensions shall be expressed in feet and decimals thereof. B. Any excepted lots within the plat boundaries shall show all bearings and distances determined by an accurate survey in the field. All dimensions shall be expressed in feet and decimals thereof. C. Basis of bearing on the plat shall be referenced.	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____	<input type="checkbox"/> ____ <input type="checkbox"/> ____ <input type="checkbox"/> ____

4. DESCRIPTIVE DATA REQUIRED:	APP.	DSD/SRT
A. Name, right-of-way lines, courses, lengths, width of all private and public streets, alleys, Pedestrian ways and utility easements.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
B. All drainage ways.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
C. All easements provided for public services or utilities and any limitations of the easements.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
D. All lots and blocks shall be numbered throughout the plat in accordance with Idaho Code. "Exceptions", "tracts", and "private parks" shall be so designated, lettered or named and clearly dimensioned.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
E. All sites to be dedicated to the public will be indicated and the intended use specified.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
F. All roads must be labeled as either "private" or "public" behind or beneath the road name.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
G. The area of each lot shall be stated in acres and decimals thereof.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
H. The statement from Idaho Code 22-4503 or any later amended statutory language shall appear on all final plats located in a zone where agricultural uses are allowed or permitted.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
I. A note as to the type of sewage disposal facilities to be provided.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
J. A note as to the type of water supply facilities to be provided.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
K. Required section and quarter-section line setbacks.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
5. DEDICATION AND ACKNOWLEDGMENT:		
A. A statement of dedication of all streets, alleys, pedestrian ways and other easements for public use by the person holding title of record and by person holding title as vendees under land contract.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
B. Acknowledgement of dedication: The dedication referred to in Section 07-18-17 of this Chapter shall be in the form of a certificate acknowledged in accordance with Idaho Code 50-1309.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
6. REQUIRED CERTIFICATIONS:		
<i>The following certifications shall be placed on the signature page of the final plat.</i>		
A. Landowner's signature	<input type="checkbox"/> _____	<input type="checkbox"/> _____
B. Certification by a surveyor stating that the plat is correct and accurate and that the Monuments described in it have been located as described.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
C. Certification of plat approval by the county surveyor.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
D. Certification of plat approval by the County Planning and Zoning Commission Chairman and/or Hearing Examiner.	<input type="checkbox"/> _____	<input type="checkbox"/> _____
E. Certification of plat approval by the board	<input type="checkbox"/> _____	<input type="checkbox"/> _____

F. Approval or certification of comment by impacted agencies that may include: highway districts, health department, the city when the development is in an area of city impact, treasurer, recorder, and state and federal agencies having jurisdiction.

 _____ _____

DSD SUBDIVISION REVIEW TEAM USE ONLY – DO NOT WRITE BELOW THIS LINE

FINAL PLAT REVIEWED ON: ____/____/____.

COMPLIANCE WITH CONDITIONS OF APPROVAL:

YES NO N/A

VERIFICATION OF APPROVED ROAD NAMES IN ACCORDANCE WITH PRELIMINARY PLAT:

YES NO N/A

SRT COMMENTS:

DECISION:

APPROVED DENIED

SRT COMMENTS:

NOTE:

1. If you would like to attend the Subdivision Review Team Meeting please contact our office at 208-454-7458.
2. If you are submitting revisions of your plat and there are items you feel were marked in error, please provide a written explanation as to why these items should not have been redlined.