

FINAL PLAT SUBMITTAL LIST

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #140, Caldwell, ID 83605

www.canyonco.org/dsd.aspx 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 § 07-17-29 (3)
<input type="checkbox"/>	\$930 +\$10/lot +\$100(if in an area of impact) non-refundable fee

NOTE:

1. After the plat is reviewed and found to be in compliance, an **additional five (5) copies and one electronic version of the final plat** shall be submitted.
2. Evidence that all improvements have been completed or bonded per CCZO § 07-17-29 (4) should be provided as needed.

PROCESS: PUBLIC HEARING

MASTER APPLICATION

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PROPERTY OWNER	OWNER NAME:
	MAILING ADDRESS:
	PHONE: EMAIL:

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: _____

(AGENT) ARCHITECT ENGINEER BUILDER	CONTACT NAME:
	COMPANY NAME:
	MAILING ADDRESS:
	PHONE: EMAIL:

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

HEARING LEVEL APPS	<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

DIRECTORS DECISION APPS	<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: CK MO CC CASH