

APPLICATION FOR PROPERTY BOUNDARY/LOT LINE ADJUSTMENT

City of Caldwell Planning and Zoning Department

621 E. Cleveland Blvd., Caldwell, ID 83605

Phone: (208) 455-3021

PROPERTY OWNER: _____ PHONE: _____

PROPERTY OWNER ADDRESS: _____ City, State, Zip: _____

PROPERTY OWNER EMAIL: _____

PROPERTY OWNER: _____ PHONE: _____

PROPERTY OWNER ADDRESS: _____ City, State, Zip: _____

PROPERTY OWNER EMAIL: _____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____ City, State, Zip: _____

APPLICANT EMAIL: _____

SITE TAX ID #'s:(Please list every tax ID # for every parcel/lot involved in this application): _____

(The tax ID numbers are obtained from the county assessor's office.)

NAME OF SUBDIVISION (if applicable): _____

BLOCK NUMBER OF LOTS INVOLVED (if applicable): _____

LOT NUMBERS OF ALL LOTS INVOLVED (if applicable): _____

SITE LOCATION/ADDRESS: _____

**Initials of
Property Owners**

_____ I acknowledge that the adjustment will not reduce the area, width, depth or building setback lines below any minimums required in Chapter 10 of City Code for this zone designation.

_____ I acknowledge that the adjustment WILL NOT CREATE more parcels/lots than existed prior to the adjustment.

_____ I acknowledge that an adjustment does not vacate platted lot lines or easements nor does it vacate any right-of-way or move any easements or rights-of-way.

_____ I acknowledge that an adjustment shall not/cannot change or move any public streets or dedicated areas in any manner.

_____ I acknowledge that an adjustment shall not/cannot increase the original number of properties, and may decrease the original number of properties.

_____ I acknowledge that an adjustment shall not reduce the property size below the minimum dimensional standards prescribed by Chapter 10 of City Code; or if one or more of the properties is nonconforming as to the minimum dimensional standards prescribed by said Chapter 10, the lot line adjustment shall not increase the nonconformity.

_____ I acknowledge that no City code violations exist on the subject property and that property boundary/lot line adjustment applications shall not be accepted for processing if there are any City code violations on the subject property.

Total Number of Parcels/Lots Prior to Adjustment: _____

Total Number of Parcels/Lots After Adjustment: (This number may decrease but it MAY NOT INCREASE from the number existing prior to the adjustment.) _____

The following information can be obtained from the Planning and Zoning Office:

Current Zone Designation of Property: _____

Required Setback and Dimensions for the Property:

Front Yard Setback: _____

Rear Yard Setback: _____

Interior Side Yard Setback: _____

Street Side Yard Setback: _____

Minimum Lot Area: _____

Minimum Lot Width: _____

Minimum Lot Frontage: _____

I understand this application shall not be considered complete (nor shall any approvals be granted or compliance letters issued) until all required information has been submitted and said information has been verified by the Senior Planner/Community Development Coordinator. I declare that all the information, statements, attachments and exhibits transmitted with this application are true to the best of my knowledge.

PROPERTY OWNER SIGNATURE _____ DATE _____

PROPERTY OWNER SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

The following attachments MUST accompany this application or the application will not be accepted:

Developer
Initials

P&Z
Verified

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Copy of all pages of the recorded deed for each parcel/lot (obtained from the Canyon County Recorder's Office on the 2nd floor of the county courthouse). |
| _____ | _____ | 2. Full-size copy of the assessor's plat map for the entire section, township, range that all parcels/lots sit in (must be obtained from the Canyon County Plat Room on the 3rd floor of the county courthouse). |
| _____ | _____ | 3. Using the full-size copy of the assessor's plat map required in Item #2 above, all parcels/lots involved in the adjustment shall be outlined with a highlighter. |
| _____ | _____ | 4. Full-size copy of the recorded final plat of the subdivision (if applicable). |
| _____ | _____ | 5. Application Fee (checks payable to City of Caldwell. Please ask the Senior Planner/Community Development Coordinator for the correct application fee). |

The following four (4) items **MUST** be submitted **WITHIN 4 MONTHS OF THE TENTATIVE APPROVAL DATE:**_____

First, submit the following:

Date Received in
Planning and Zoning

_____ 1. Copy of the draft record of survey map.

_____ 2. Copy of all resulting legal descriptions of the adjusted parcels.

Signature of Planning and Zoning signifying the above two items are compliant with the tentative approval.

Signature

Date

Second, submit the following:

_____ 3. Copy of the recorded record of survey map.

_____ 4. Copy of all newly-recorded deeds for all adjusted parcels.

Third, receive from Planning and Zoning the following:

5. Zoning Compliance Letter

Date of Issuance of Zoning Compliance Letter:_____
(This date must be within four (4) months of the tentative approval date.)