

CITY OF ISLAND PARK

CLASS I APPLICATION FOR LOT LINE ADJUSTMENT

Applicants should read and understand all relevant portions of the City of Island Park Development Code prior to filing this application. A non-refundable application fee of \$60.00 shall accompany this application.

OWNER AND GENERAL PROPERTY INFORMATION

Please Print All Information

Name: _____

Mailing Address: _____
City State Zip Code

Phone Number(s): _____
Home Mobile Business

Representative Name: _____

Mailing Address: _____
City State Zip Code

Phone Number(s): _____
Home Mobile Business

Engineer/Surveyor Name: _____

Mailing Address: _____
City State Zip Code

Phone Number(s): _____
Business Mobile

Building Property Address: _____
City State Zip Code

Legal Description: _____
Subdivision Section Township Range Block Lot

Or

Legal Description: _____
Meets and Bounds Description

Parcel Identification Number: _____
(Fremont County Tax ID Number)

Existing size (acreage) of parcel: _____ New size (acreage) of parcels: _____

CITY OF ISLAND PARK

ADDITIONAL INFORMATION

(additional sheets may be attached as needed):

Provide a written justification for the proposed lot change: _____

Following are the requirements that must be provided prior to approval:

- A list of ALL parties involved including ALL landowners of record affected by the lot line adjustment.
- A Certificate of Consent that MUST BE SIGNED AND NOTARIZED BY ALL PARTIES INVOLVED.
- A copy of the existing deed to the property.
- The amended Plat Map shall be CLEARLY identified as such.
- The amended Plat Map shall show the dimensions and acreage of ALL parcels that have been modified.
- The amended Plat Map shall include a key that reflects all changes made to the most recent Plat Map of record.
- Two (2) Mylars or two (2) Silver Emulsions reflecting the new parcels and the new legal description. The new parcels MUST be shown by a solid line and the original parcel shown by a broken line.
- The applicant shall pay any and all fees that are required.

*I certify that the information provided by me on this application and the documents submitted are true and correct. I agree to comply with all conditions imposed upon approval. **Please note the Planning & Zoning Administrator reserves the right to request additional documents prior to approval.***

Applicant Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Office Use Only

Application Fee Paid: _____ Date: _____ Documents Received _____ Date: _____

Mylars/ Silver Emulsions Received: _____ Date: _____

Planning & Zoning Administrator Signature: _____ Date: _____