



Lot Line Adjustment Application

Applicant: _____

Mailing Address: _____

Email Address: _____

Telephone Number(s): _____

Property Owner #1 Name: _____

RP Number: _____ Deed Number: _____

Property Owner #2 Name: _____

RP Number: _____ Deed Number: _____

[Attach additional sheet(s) as needed with other property owner information, if necessary.]

1. Attach three (3) scaled drawings that show: North arrow, scale dimensions, and include description of proposed land use, describe and draw all existing and proposed structures (include, if applicable: wells, septic, drain fields) and distances from such structures to the existing and the proposed boundaries.
2. The scaled drawing will show all existing and all proposed boundaries, sufficiently labeled to distinguish each, along with dimensions of the affected lots.
3. The scaled drawing will show existing sewer and water services to the affected lots.
4. The scaled drawing will show existing street frontages and accesses to each lot, to include, but not necessarily limited to access easements, access to public roadways, alleyways, within 100 feet of new or proposed property lines
5. Zone: _____ (R-1 Single Family Residential, R-A Residential Agricultural, C Commerical, I-L Light Industrial, PL Public)
6. Attach a copy of relevant deeds.
7. Describe present use of property and any proposed new use(s). _____

8. Attach Parcel Map of property, from County Assessor Office. To show approximate location of the proposed new lot line(s).
9. Attach current title report for affected properties.

Applicant Signature Date

Applicant Signature Date

Pre-Approval:

Review and Pre-Approval by City: _____ Date: _____

Final Approval:

Record of Survey-Recorded Instrument No. _____ Date: _____

_____ Legal Descriptions of Subject Ground Attached.

_____ Deeds prepared to accomplish lot line adjustments as tentatively approved are attached.

County Treasurer Certificate:

I, _____, COUNTY TREASURER, IN AND FOR CASSIA COUNTY, STATE OF IDAHO PURSUANT TO THE REQUIREMENTS OF IDAHO CODE §50-1308, DO HEREBY CERTIFY THAT ALL CURRENT AND DELINQUENT COUNTY PROPERTY TAXES, ALL AD VALOREM TAXES AND ASSESSMENTS FOR THE PROPERTY CURRENTLY KNOWN AS PARCEL NUMBER(S) RP# _____, RP# _____, HAVE BEEN PAID IN FULL FOR THE YEAR 20__ AND PRECEDING YEARS. THIS CERTIFICATION IS VALID FOR THE NEXT THIRTY (30) DAYS ONLY.

Cassia County Treasurer Signature

Date

Printed Name of Authorized Treasurer

CITY CERTIFICATE OF COMPLETION AND APPROVAL:

THE APPLICANT HAS FILED AN APPLICATION AS HEREIN SET FORTH, SHOWING THAT SAID APPLICATION MEETS ALL THE NECESSARY REQUIREMENTS OF THE CITY OF ALBION'S ORDINANCE, INCLUDING SECTION 13 OF CHAPTER 1, TITLE 5, OR ANY SUCCESSOR REGULATION THEREOF, AND HAVING PAID ALL ASSOCIATED AND APPROPRIATE TAXES, ASSESSMENTS AND FEES WITH RESPECT THERETO, THE MATTER IS HEREBY DETERMINED TO BE COMPLETE.

BY SIGNATURE AFFIXED BELOW, THE DULY AUTHORIZED REPRESENTATIVE OF THE CITY OF ALBION, IDAHO, HEREBY APPROVES THE LOT LINE ADJUSTMENT, AS SHOWN ON THE RECORD OF SURVEY, WHICH IS ATTACHED HERETO.

City of Albion – Authorized Signature

Title

Printed Name of above Authorized Signer

Date