



CARIBOU COUNTY PLANNING & BUILDING DEPARTMENT

SUBDIVISION APPLICATION

159 South Main Street Room 105; Soda Springs Idaho 83276

Office (208)547-1780

Name of Proposed Subdivision			
Property Owner Name			Phone
Address	City	State	Zip
Legal Description of Land – Check the box if legal description is attached <input type="checkbox"/>			
Tax Parcel Number(s)			

Applicant Name - If the same as owner check box and move onto next section <input type="checkbox"/>			
Address	City	State	Zip
Phone	Relationship to owner?		

Subdivision Type (check all that apply) <input type="checkbox"/> Single-family Dwellings <input type="checkbox"/> Duplex <input type="checkbox"/> PUD <input type="checkbox"/> Master Plan (Phased Development) <input type="checkbox"/> Multi-Family Dwellings	
Land is Zoned	Are Private Streets Proposed?
Total Acreage of Proposed Subdivision	Number of Lots
Lot sizes (in acres)	Number of buildable Lots
Waste Management Propose <input type="checkbox"/> Private Septic <input type="checkbox"/> Community System	Culinary Water Proposed <input type="checkbox"/> Private Well <input type="checkbox"/> Community System

I have included the following with my application:	Check here if attached
Narrative statement outlining the proposed subdivision	
12.24.010(a)(1) A sketch to plus or minus five percent and including those requirements in the code.	
12.24.010(a)(2) Comments from reviewing agencies listed in 12.16.050	
12.24.010(b) Community Impact Analysis	
12.24.030 Narrative demonstrating compliance with review criteria listed	

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

Applicant Signature: _____ Date: _____

Applicant Printed Name : _____

Office Use:

Date Received: _____ Date Application Verified Complete: _____

P&Z Public Hearing Date: _____ Commissioners Public Hearing Date: _____