



CARIBOU COUNTY PLANNING & BUILDING DEPARTMENT

PLAT AMENDMENT APPLICATION

159 South Main Street Room 105; Soda Springs Idaho 83276

Office (208)547-1780

Name of Subdivision Plat to be Amended			
Property Owner Name			Phone
Address	City	State	Zip
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:	
Number of Lots Currently:	Proposed # of Lots:
Lot sizes (in acres) Currently:	Proposed Lot sizes (in acres):
Waste Management Proposed <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 plat amendment and reason for amendment request.	
Copy of the deed(s) pertaining to the land effected by the amendment.	
Copy of Conceptual Plat	

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: _____