



**ELMORE COUNTY LAND USE & BUILDING DEPARTMENT**  
**520 E 2<sup>nd</sup> South – Mountain Home, ID 83647 – (208) 587-2142**

[www.elmorecounty.org](http://www.elmorecounty.org)

**BOUNDARY LINE ADJUSTMENT APPLICATION**

**FEE: \$250.00**

**Do not fax!** Please complete in **INK**. This application must comply with Chapter 16 of the Elmore County Zoning and Development Ordinance.

**Checklist of required items with submittal of this application.**

Copy of deeds

Existing Legal Descriptions

Proposed Legal Descriptions

Draft of proposed record of survey or conceptual site plan

1. Property Owner's Name(s) Parcel A: \_\_\_\_\_

2. Mailing Address of Property owner(s): \_\_\_\_\_

3. Phone Number(s): \_\_\_\_\_

4. Property Owner's Name(s) Parcel B: \_\_\_\_\_

5. Mailing Address of Property owner(s): \_\_\_\_\_

6. Phone Number(s): \_\_\_\_\_

7. Site Address(s): \_\_\_\_\_

8. Representative's Name, address, and telephone number: \_\_\_\_\_

9. Representative's e-mail address: \_\_\_\_\_

10. Location of Properties: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Quarter \_\_\_\_\_

Current Zoning: \_\_\_\_\_

11. Current acreage / square footage of lots: Lot A: \_\_\_\_\_ Lot B: \_\_\_\_\_

New Acreage / square footage Lot A: \_\_\_\_\_ Lot B: \_\_\_\_\_

12. Structures existing on property: Lot A: \_\_\_\_\_ Lot B: \_\_\_\_\_

13. Is the site within the:  Mountain Home Area of City Impact,  Glens Ferry Area of City Impact,  
 Community Development Overlay (CDO), or  an Area of Critical Concern (ACC)?

14. Property In Floodplain?  Yes  No Flood Insurance Rate Map # \_\_\_\_\_

15. Why is a Boundary Line Adjustment required? \_\_\_\_\_

The owners and/or applicant affirms: (1) This application is completed in its entirety to include all required information and the information contained herein is true and correct as of the date it is received in the Land Use & Building Department (2) If the site is within the Pine Featherville area there will be no construction waste dumping at the County waste transfer facility (3) If there is a hillside involved in development (10% or greater grade to building envelope) there can be little to no gouging of hillside without plans submitted by a licensed engineer. (4) The property owner is responsible for obtaining any other required permit applicable to this project.

\_\_\_\_\_  
Property Owner Signature (A) (Required) Date      Property Owner Signature (B) (Required)      Date

\_\_\_\_\_  
Applicant Signature (Required) Date

**Agency Comments & Signatures**

Notes for agency signatures.

1. It is recommended that applicants set up appointments with the following agencies once the application is complete with all required information.
2. Agency signature does not guarantee any future approvals.
3. Agencies may attach additional sheets of paper for comment and/or conditions if necessary.
4. Agencies may have additional comments and/or conditions at a later time.

• \_\_\_\_\_  
Central District Health (or other Sewer District) Sewer Permit (580-6003)      Date

Comment: \_\_\_\_\_

• \_\_\_\_\_  
Roadway Jurisdiction (MHHD 587-3211) (GFHD 366-7744) (AHD 864-2115)      Date

Comment: \_\_\_\_\_

• \_\_\_\_\_  
Fire District (MHRFD 587-2117) (Oasis 796-2115) (GFFD 366-2689) (BGRFD 834-2511) (AFD 2182) Date

Comments: \_\_\_\_\_

• \_\_\_\_\_  
Assessor's Office (Verify Legal Description) (ext. 247)      Date

Comments: \_\_\_\_\_

• \_\_\_\_\_  
Treasurer's Office (Verify Tax Status) (ext. 501)      Date

Comments: \_\_\_\_\_

**For Administrative Use Only**

File Number: BLA-\_\_\_\_\_

Fee: \$250\_\_\_\_\_ Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ By: \_\_\_\_\_

Referral Needed: Y / N. If yes, what? \_\_\_\_\_

Tentative Approval Date: \_\_\_\_\_

Final Approval/Denial Date: \_\_\_\_\_

Final Approval/Denial Signature & Date: \_\_\_\_\_