



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

www.elmorecounty.org

ONE TIME SPLIT OR FARM DEVELOPMENT RIGHT APPLICATION
FEE \$500.00

Do not fax! Please complete in **INK**. This application must comply with Chapter 10 or Chapter 15 of the Elmore County Zoning and Development Ordinance.

Checklist of required items with submittal of this application.

- Copy of deed
- Existing Legal Description
- Proposed legal descriptions of new lots
- Draft of proposed record of survey or conceptual site plan

1. Property Owner's Name: _____
2. Mailing Address of Property owner: _____
3. Phone Number: _____
4. Site Address: _____
5. Applicant's or Representative's Name, address, and telephone number: _____

6. Applicant's or Representative's e-mail address: _____

7. Location of Property: Township _____ Range _____ Section _____ Quarter _____
Current Zoning: _____

9. Original Acreage of parcel: _____ Acreage of New lots: Lot A: _____ Lot B: _____

10. Structures existing on property: Lot A: _____ Lot B: _____

11. Proposed Structures: Lot A: _____ Lot B: _____

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

13. Property In Floodplain? Yes No Flood Insurance Rate Map # _____

14. How is the property eligible for a One Time Split? _____

The owner 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's Signature (Required) Date

Applicant's 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: _____ OTD-_____

Fee: \$500 _____ 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: _____