



**APPLICATION FOR VACATION OF PROPERTY**  
Elmore County, Idaho

**We are unable to accept facsimile copies.** This application must be completed in **INK**. This application must be filled out in detail and submitted to the Land Use & Building Department for Elmore County, Idaho, accompanied by a non-refundable fee of **\$800.00 + \$10.00 per lot**. Postage and publication costs will be billed to the applicant and are due upon receipt. Checks are made payable to Elmore County.

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. Telephone number of applicant, daytime: \_\_\_\_\_ other: \_\_\_\_\_
4. Address of easement or platted area or part thereof to be vacated:  
\_\_\_\_\_

5. Legal description of easement or platted area proposed to be vacated:  
\_\_\_\_\_  
\_\_\_\_\_

- a. Vicinity map attached
- b. Attach one of the following:  deed  proof of option  earnest money agreement  
 lease agreement  Assessors Parcel Master Inquiry  
RP# \_\_\_\_\_

6. Common directions of how to get to the site from a known beginning point: \_\_\_\_\_  
\_\_\_\_\_

7. Is the area to be vacated a road or street or easement? Yes No  
If yes, provide a letter from the appropriate highway district stated the road or street is not a part of the Highway District's road system, or obtain a signature:

\_\_\_\_\_  
Highway District Representative Signature \_\_\_\_\_  
Date

Note: If this road is part of the Highway District's road system, the Highway District may have additional requirements/applications.

8. Reason for the vacation of easement, platted area or part thereof:  
\_\_\_\_\_
9. List of names and addresses of the owners or contract purchases of all the property within the platted area or utility easement or part to be vacated.

10. List of names and addresses of all adjoining property owners within a radius of \_\_\_\_\_ feet/miles (minimum of 300 feet) of affected property boundaries. The administrator may extend the 300' minimum notification radius on a case by case basis.

**NOTICE TO APPLICANT**

A neighborhood meeting must be conducted prior to submitting application. Requirements for neighborhood meetings are outlined in Elmore County Zoning and Development Ordinance Chapter 4 Section 6-4-3.

The Board shall set a date for a public hearing, giving such notice as required by Title 50, Chapter 13, Idaho Code and Elmore County Zoning and Development Ordinance section 6-28-21. After the public hearing the Board may grant the petition to vacate, deny it, or grant it with such restrictions, as they deem necessary to the public interest.

The applicant hereby agrees to pay the fee established by the Board and agrees to pay any additional fees. The applicant verifies that the application is complete with all information contained herein being true and correct. Whenever this application is on an agenda of a meeting/hearing whether it be with the Board, the applicant the applicant or a representative shall attend said meeting/hearing to answer questions citizens, or the Board may have. The applicant understands failure to attend any meeting/hearing on which the application is on the agenda may result in a delay in a decision.

(\*Acceptance of fee(s) does not imply the application is accepted as complete or correct)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of applicant

**For Administrative Use Only**

File Number: \_\_\_\_\_

Fee: **\$800 + \$10 per lot=** \_\_\_\_\_ 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: \_\_\_\_\_

**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.

• \_\_\_\_\_ Date

Central District Health (or other Sewer District) Sewer Permit (580-6003)  
Comment: \_\_\_\_\_

• \_\_\_\_\_ Date

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

• \_\_\_\_\_ Date

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

• \_\_\_\_\_ Date

Assessor's Office (Verify Legal Description) (ext. 247)  
Comments: \_\_\_\_\_

• \_\_\_\_\_ Date

Treasurer's Office (Verify Tax Status) (ext. 501)  
Comments: \_\_\_\_\_