



ELMORE COUNTY LAND USE & BUILDING DEPARTMENT
520 E 2nd South, Mountain Home, ID 83647 (208) 587-2142 ext. 502

www.elmorecounty.org

BOUNDARY LINE ADJUSTMENT APPLICATION

FEE: \$250.00

Do not fax! Please complete in **INK**. This application must comply with Title 10 Chapter 4 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 599-0000) (BGRFD 834-2511) (AFD 864-2182) Date

Comments: _____

For Administrative Use Only

File Number: BLA-_____ Fee: \$250.00 Date paid: _____

Receipt #: _____ Date Accepted: _____ By: _____

Referral: Yes No If yes, Why? _____ Tentative Approval: _____

Assessor's Office: _____ Date: _____

Comments: _____

Treasurer's Office: _____ Date: _____

Comments: _____

Final Approval: _____ Date: _____