

Boise County Planning and Zoning Department

413 Main Street, PO Box 1300
Idaho City, Idaho 83631
Phone: 208-392-2293
www.boisecounty.us



MASTER ADMINISTRATIVE REVIEW APPLICATION

TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY AND ATTACH APPLICATION FORM)

- | | | |
|---|---|---|
| <input type="checkbox"/> AGRICULTURAL SPLIT | <input type="checkbox"/> PROPERTY LINE ADJUSTMENT | <input type="checkbox"/> PROBATE/ESTATE/COURT ORDER SPLIT |
| <input type="checkbox"/> SIGN PERMIT | <input type="checkbox"/> PROPERTY LINE VACATION | <input type="checkbox"/> NON-CONTIGUOUS PARCEL |
| <input type="checkbox"/> MORTGAGE/DEED OF TRUST | <input type="checkbox"/> ONE-TIME SPLIT | |

SITE INFORMATION:

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: _____ Section: _____ Township: _____ Range: _____ Total Acres: _____
Subdivision Name: _____ Lot: _____ Block: _____
Site Address: _____ City: _____
Tax Parcel Number(s): _____
Current Land Use: _____

OWNER(S) OF RECORD:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

APPLICANT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

I consent to this application, I certify this information is correct, and allow Planning and Zoning staff to enter the property for related site inspections. I agree to indemnify, defend and hold harmless Boise County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.

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Signature: All Owner(s) of Record Date

Signature: Applicant Date

Changes to the parcel(s) boundary listed on this application may not become effective in the Assessor's Office until the calendar year following the application date.