

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)

- | | | |
|---|---|--|
| ☐ AGRICULTURAL SPLIT | ☐ LEGAL CONDEMNATION,
ACQUISITION or WIDENING OF
EXISTING RIGHT OF WAY | ☐ PROBATE/ESTATE/COURT
ORDER |
| ☐ FLOOD DEVELOPMENT
PERMIT | | ☐ PROPERTY LINE ADJUSTMENT |
| ☐ LOT-LINE VACATION | ☐ MORTGAGE/DEED OF TRUST | ☐ SIGN PERMIT |
| ☐ NON-CONTIGUOUS PARCEL
RECOGNITION | ☐ ONE-TIME SPLIT | |

PROJECT NAME: _____

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.

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.

Signature: All Owner(s) of
Record _____ Date _____

Signature: Applicant _____ Date _____

NOTE: THIS APPLICATION MUST BE SUBMITTED WITH THE APPROPRIATE APPLICATION FORM

March 2024

Boise County Planning and Zoning Department

413 Main Street, PO Box 1300

Idaho City, Idaho 83631

Phone: 208-392-2293

www.boisecounty.us



AFFIDAVIT OF LEGAL INTEREST and Letter of Authorization

_____, "Owner" whose address is _____

_____ City _____ State _____ Zip _____

As owner of property more specifically described as:

HEREBY AUTHORIZES _____ as Agent to represent and act for the Owner in making application for and receiving and accepting on Owners behalf, any permits or other action by the Boise County Board of Commissioners, Boise County Planning and Zoning Commission, Boise County Planning and Zoning Staff, and or other Boise County Departments relating to the modification, development, planning, platting, re-platting, improvements, use or occupancy of land in Boise County, Idaho. Owner agrees that; Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in said application of any Owner information in support thereof, and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that; Owner shall be bound and shall abide by the written terms or conditions of issuance of any such named representative, whether actually delivered to Owner or not. Owner agrees that no modification, development, platted or re-platting, improvement, occupancy, or use of any structure or land involved in the application shall take place until approved by the appropriate official of Boise County, Idaho, in accordance with applicable codes and regulations.

Owner agrees to pay any fines and be liable for any other penalties arising out of failure to comply with the terms of any permit or arising out of any violation of applicable laws, codes, or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the foregoing is true and , if signing on the behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

OWNER:

(Signature of Owner)

(Print Name)

(Title)

(Signature of Owner)

(Print Name)

(Title)

(Signature of Owner)

(Print Name)

(Title)

(Secretary or Corporate Owner)

(Print Name)

NOTARY STATE OF IDAHO) ss
COUNTY OF _____)

(seal)

SUBSCRIBED and sworn to before me by _____
on this _____ day of _____, 20__.

Notary Public
My Commission expires on: _____

Date

Boise County Planning and Zoning Department

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



MORTGAGE or DEED of TRUST SPLIT APPLICATION

MDS # _____

The Planning and Zoning staff is available to discuss this application and answer questions. The Administrator shall review the completed application and may approve or deny it. It is recommended that the Applicant review the Amended Unified Land Use Ordinance #2024-02 (ULO) prior to submittal. This Ordinance along with application materials are located on the County website at www.boisecounty.us.

ULO #2024-02, Section 5.4.A.9: Mortgage or Deed of Trust Split: A holder of a deed of trust or mortgage may apply for a one-time split in order to establish a parcel that complies with the legal description on the deed of trust or mortgage if:

- 5.4.A.1.a The note is more than five (5) years old, foreclosure proceedings have been brought on the note, and the redemption period has passed; and
- 5.4.A.1.b Proof is provided of a recorded survey and a legal description for both parcels; i.e., the new parcel and the remainder parcel.
- 5.4.A.1.c This exception may not be used to establish more than two parcels i.e., the new parcel and the remainder parcel.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner: _____

Email: _____

Phone: () _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant (if different): _____

Email: _____

Phone: () _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Engineering Firm: _____

Contact Person: _____ Phone: () _____

Address: _____ Email: _____

Surveyor: _____ Phone: () _____

Location and size:

Property Address: _____

Parcel Number: _____ Section: _____ Township: _____ Range: _____

Total Acreage: _____

Proposed Parcel Size: Parcel one _____ Parcel two _____

Assessor Exemptions (i.e. agriculture, timber, etc.): No: _____ Yes: _____

list: _____

Is property currently mortgaged? Y/N (if yes, Certificate of Acceptance of Mortgagee is required on survey)

I consent to this application, I certify this information is correct and I authorize the Boise County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit are in effect. 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.

• Applicant Signature: _____

Date: _____

I, the undersigned, am the owner of the referenced property and do hereby give my permission to _____ to be my agent and represent me in the matters of this application. I consent to this application, I certify this information is correct and I authorize the Boise County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit are in effect. 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.

• Owner Signature: _____

Date: _____

SECTION II ITEMS REQUIRED

1. Latest recorded deed to the property.
2. Application complete & signed; including Affidavit of Legal Interest and Letter of Authorization, if applicable.
3. Application fees paid in full in accordance with the current fee schedule; including any/all applicable fees.
4. Narrative of the purpose of the land split.
5. County Road or Highway Access Permit, if applicable, and proof of perpetual legal access.
6. Unrecorded new deeds, one for each parcel, with new legal descriptions and restriction as follows: *"The (insert #) parcels created by this split shall not be split or divided further without full compliance of the provisions of the Boise County Unified Land Use Ordinance"*.
7. Record of Survey labeled "Mortgage/Deed of Trust Split of Land" that complies with the following:
 - Vicinity Map, Date of survey, and North Arrow;
 - Map scale adequate to depict all parcels (show Bar Scale);
 - Legend with a description for all weights and symbols used;
 - All bearings and distances for all property lines. Include Basis of Bearing and CP&F Reference.
 - All known easements shown with their instrument numbers;
 - All existing physical access points shown;
 - Adequate access easements for each parcel meeting ULO standards;
 - Property Descriptions-the new legal descriptions for each parcel;
 - Each new parcel labeled as Parcel 1 & 2; or A & B, and, acreage of each parcel;
 - Surveyor's Certification-Signature block with statement and stamp;
 - Date of survey
 - Electronic form: either in DXF or DWG format, using Coordinate System of NAD 1983 State Plane Idaho West FIPS 1103 Feet, and identify two public land ties on the plat or ROS, and including GPS references, if available.
8. Approval letter from the Home Owners Association; if applicable.
9. A letter from the Central District Health Department stating that the application has been reviewed and approved (P & Z will submit for this).
10. Proof all property taxes are paid in full, including pre-paid taxes for all properties. (Day of recording)

SECTION III: STAFF ANALYSIS FINDINGS OF FACT, CONCLUSIONS

See attached Administrator FCO.

SECTION IV: ADMINISTRATOR ORDER

THIS BOX TO BE COMPLETED BY THE PLANNING AND ZONING DEPARTMENT

FILE # _____ Rec'd Date: _____

Fee paid: _____ Date: _____

Payment type: _____ Number: _____

Receipt #: _____ Are application materials attached? Yes ____ No ____

ACCEPTED BY _____ Date: _____