



# CITY OF TWIN FALLS

Engineering Department  
324 Hansen Street East  
P.O. Box 1907  
Twin Falls, ID 83303-1907

Phone: 208-735-7248  
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www.tfid.org

## FINAL PLAT APPLICATION

10-12-2.4

Date: \_\_\_/\_\_\_/\_\_\_

Subdivision Name: \_\_\_\_\_

Acreage: \_\_\_\_\_ Number of lots/tracts: \_\_\_\_\_

Type of Plat:  Subdivision Plat  PUD/ZDA Subdivision Plat  Condominium Plat  
 Residential  Commercial  Industrial  Mixed Use  
If Residential, what type?  Single-Family  Duplex  Townhouse  Multi-Family

### Property Information

Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Primary Parcel Number: \_\_\_\_\_

Additional Parcels: \_\_\_\_\_

Zoning District(s): \_\_\_\_\_

Comprehensive Plan Future Land Use Designation: \_\_\_\_\_

### Developer/Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Engineering Firm:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Owner Information

Same as Applicant?  Yes  No (If yes, leave this section blank)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SUBMITTALS**

- Completed Application
- One (1) copy of the approved Preliminary Plat, 8 ½ "x 11" in size, as approved and including any conditions placed on the Preliminary Plat by the Commission
- One (1) Copy of the Final Plat, drawn in accordance with code requirements- 18" x 24" in size, and in compliance with the approved Preliminary Plat-24"x36" in size.
- One (1) Copy of Final Plat, 8 ½" x 11" in size
- Proof of current ownership of the real property included in the proposed final plat by providing BOTH of the following:
  - o Copy of current Warranty Deed(s)
    - Include Articles of Incorporation if ownership is under a registered name
  - o Copy of current Title report
- Affidavit of Legal Interest
- Statement of Authority per Idaho Statue 30-25-302
- Signed and Notarized copy of Developer's Improvement Agreement ready to be signed by the City
- Engineer's Estimate
- Letter of Credit, Bond or Trust Agreement
- Lot, plat, boundary, and street closure data
- Weed Management Plan
- Twin Falls Canal Company (TFCC) Approval Letter
- TFCC Water Shares Certificate (one water share per acre)
- If in the Area of Impact:
  - o Approval letter from the Twin Falls Highway District
  - o Approved application to the South Central Health District for well and septic systems
- Such other information as the Administrator or Commission may deem necessary
- Filing Fee \$\_\_\_\_\_ payable to the City of Twin Falls  
\$50.00 per plat + \$10.00 per lot or tract

I understand that:

1. This application is subject to acceptance by the City of Twin Falls upon determination that the application is complete.
2. This application is subject to consideration before the City of Twin Falls City Council.
3. The application fee is non-refundable.
4. The applicant is responsible for fees for water and sewer models, if required.
5. The property may be subject to Reimbursement for improvements pre-installed.
6. See Conveyance Plat

All information, statements, attachments, and exhibits included with this application submittal are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**OFFICIAL USE ONLY:**

FEE AMOUNT \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

CASH                       CHECK NO. \_\_\_\_\_                       CREDIT/DEBIT CARD

DATE OF SUBMITTAL: \_\_\_\_\_

ENTERED IN MAGIC/City Works: \_\_\_\_\_

DATE OF ENGINEERING ACCEPTANCE: \_\_\_\_\_

CITY COUNCIL HEARING:

NOTIFICATION DATE TO APPLICANT: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

COUNTY HEARING:

NOTIFICATION DATE TO APPLICANT: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_