



# CITY OF TWIN FALLS

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

Phone: 208-735-7248  
Fax: 208-736-2293  
www.tfid.org

## PRELIMINARY PLAT APPLICATION

10-12 2.3A

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

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

Acreage: \_\_\_\_\_ Number of lots: \_\_\_\_\_

Type of Plat:  Subdivision Plat  PUD/ZDA Subdivision 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
  - Seven (7) Copies of the Preliminary Plat, drawn in accordance with code requirements- 24" x 36" in size
  - Electronic Line Work of Plat on a CD
  - One (1) copy of Preliminary Plat, 8 ½ "x 11" in size
  - Consolidated list of names and addresses of all legal property owners within three hundred feet (300') of the perimeter of the subject property/properties:
    - o From the Twin Falls County Assessor's Office, or
    - o From a title company
  - Legal Description per survey
  - Twin Falls Canal Company (TFCC) Approval Letter
  - Completed Parks In-Lieu Contribution application, if required
  - PUD/ZDA Agreement- draft or approved, if PUD/ZDA Subdivision
  - Affidavit of Legal Interest
  - If in the Area of Impact:
    - o Applicant has contacted the Twin Falls Highway District to discuss road design
    - o Applicant has contacted South Central Health District for well and septic systems nutrient-pathogen evaluation (NP) study. The developer will be responsible for delivering a copy of the preliminary plat to SCHD for stamping and approval to be provided to the City.
  - 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 a public meeting before the City of Twin Falls Planning and Zoning Commission.
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.

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

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

*After review by the City Planning and Zoning Department, the Administrator shall certify the application as complete and shall affix the date of application acceptance thereon. The Administrator shall, thereafter, place the preliminary plat on the agenda for consideration at the next regular meeting of the Planning and Zoning Commission.*

.....  
**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: \_\_\_\_\_

COMMISSION HEARING:

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

LETTERS TO BE POSTMARKED BY DATE: \_\_\_\_\_

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

COUNCIL HEARING (upon appeal):

PUBLISH DATE: \_\_\_\_\_

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

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

\_\_\_\_\_  
ENGINEERING