



CITY OF TWIN FALLS

Engineering Department
203 Main Ave East
P.O. Box 1907
Twin Falls, ID 83303-1907

Phone: 208-735-7248
Fax: 208-736-2641
www.tfid.org

PRELIMINARY/FINAL PLAT APPLICATION

Date: ___/___/___

Subdivision Name: _____

Acreage: _____ Number of lots: _____

Type of Plat: Subdivision Plat PUD 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: _____

COMBINING PRELIMINARY AND FINAL PLATS

The applicant may request that the subdivision application be processed as both a preliminary and final plat if all the following exist:

- The proposed subdivision does not exceed ten (10) lots
- No new street dedication or street widening are involved
- No major special development considerations are involved, such as development in a flood plain or a hillside development
- All required information for both preliminary and final plat is complete and in an acceptable form

SUBMITTALS

- Completed Application
- Six (6) Copies of the Preliminary Plat, drawn in accordance with requirements- 18" x 24" in size
- One (1) copy of Preliminary Plat, 8 ½ " x 11" in size
- One (1) Copy of the Final Plat, drawn in accordance with requirements- 18" x 24" in size
- One (1) Copy of Final Plat, 8 ½" x 11" in size
- Electronic Line Work of Plat on a CD
- 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
- Consolidated list of names and addresses of all legal property owners within three hundred feet (300') of the perimeter of the subject property
 - o From the County Assessor's Office, or
 - o From a title company
- Legal Description per survey
- Completed Parks In-Lieu Contribution application, if required
- Signed and Notarized copy of Developer's Improvement Agreement ready to be signed by the City
- Engineer's Estimate
- Assurance of Construction
- Lot, plat, boundary, and street closure data.
- Weed Management Plan
- Twin Falls Canal Company (TFCC) Approval Letter
- TFCC Water Shares Certificate
- 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
- PUD Agreement- draft or approved, if required
- Such other information as the Administrator or Commission may deem necessary
- Preliminary Plat Filing Fee \$_____ payable to the City of Twin Falls
\$50.00 per plat + \$10.00 per lot, tract, and/or parcel
- Final Plat Filing Fee \$_____ payable to the City of Twin Falls
\$50.00 per plat + \$10.00 per lot, tract, and/or parcel

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 Planning and Zoning Commission.
3. This application is subject to consideration before the City of Twin Falls City Council.
4. The application fees are non-refundable.
5. The applicant is responsible for fees for water and sewer models, if required.
6. The parcel 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: _____

OFFICIAL USE ONLY

FEE AMOUNT \$ _____ RECEIPT NO. _____

CASH CHECK NO. _____ CREDIT/DEBIT CARD

DATE OF SUBMITTAL: _____

ENTERED IN MAGIC: _____

DATE OF ACCEPTANCE: _____

COMMISSION HEARING:

NOTIFICATION DATE TO APPLICANT: _____

LETTERS TO BE POSTMARKED BY DATE: _____

HEARING DATE: _____

COUNCIL HEARING:

HEARING DATE: _____