



LOT SPLIT APPLICATION

***All information must be filled out to be processed.

FILE NO.: _____ Date Application Received: _____ Fee Paid: _____ Processed by: City: _____
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Applicant Information:

PRIMARY CONTACT IS: Owner ____ Representative ____

Owner Name: _____
 Owner Address: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Applicant/Representative (e.g., architect, engineer, developer):
 Contact: _____ Firm Name: _____
 Address: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Property Information:

Site Address: _____ Parcel Number: _____
 Approved Zoning Designation of Site: _____

Application Requirements:

(Applications are required to contain one copy of the following unless otherwise noted.)

Applicant (√)	Description	Staff (√)
	Completed and signed Lot Split Application	
	Fee	
	Narrative fully describing the existing and proposed use. (must be signed by applicant)	
	Recorded warranty deed for the subject property	
	Documentation the parcel is the original parcel of land held in one ownership and of record at the effective date of 12/10/1997.	
	If the signature on this application is not the owner of the property, an original notarized statement (Affidavit of Legal Interest) from the owner stating the applicant is authorized to submit this application.	
	Two (2) 8 ½" X 11" vicinity maps showing the location of the subject property	
	Two (2) paper copies of the lot split record of survey	
	One (1) Mylar Copy of the lot split record of survey for execution	
	Two (2) 8 ½" X 11" reduced copies of the lot split	

	Property descriptions of each affected parcel describing lot line adjustment boundary and stamped by a PLS	
	Legal description (metes and bounds) of the new property boundaries and closure sheet	
	Submit copy of new tax parcel numbers	
	Submit (1) 11" X 17" and (1) 18" X 24" recorded copy of Lot Split to the Star City Planning Department.	

Record of Survey:

NOTE: Property/lot lines shall not reduce the area, frontage, width or depth of each building site below the minimum prescribed by City Ordinance.

Record of Survey shall include the following:

- 1- Original property/parcel lot lines
- 2- New property lot line(s)
- 3- Square footage of adjusted property/lots including lot closure calculations
- 4- Existing easements on original subdivision plat
- 5- Adjacent property lines and ownership
- 6- Street names
- 7- Location of existing buildings/structures, setbacks, property/lot lines to insure there is no reduction in the area, frontage, width or depth of each building site below the minimum by City Ordinance
- 8- Note on the face of the record of survey giving the zoning district
- 9- New property pins to be set by Surveyor of Record
- 10- Final recorded copy of lot split adjustment sent to the City of Star

Record of Survey shall include the following endorsements:

- 1- Owners Acknowledgement (notarized)
- 2- Certification by Engineer/Surveyor
- 3- Certification by City Engineer
- 4- Certification by City Clerk
- 5- Certification by County Records Office

Fee Requirement:

***I have read and understand the above requirements. I further understand fees will be collected at the time of filing an application. I understand that there may be other fees associated with this application incurred by the City in obtaining reviews or referrals by architect, engineering, or other professionals necessary to enable the City to expedite this application. I understand that I, as the applicant, am responsible for all payments to the City of Star.*

Applicant/Representative

Date

AFFIDAVIT OF LEGAL INTEREST

STATE OF _____)
) ss
COUNTY OF _____)

I _____, _____
 (name) (address)
_____, _____ _____
 (city) (state) (zip)

being first duly sworn upon oath, depose and say: That I am the record owner of the property described on the attached, and I grant my permission to _____,
 (name)
_____, _____ _____
 (address) (state) (zip)

to submit the accompanying application pertaining to that property.

Address or location of property: _____

I agree to indemnify, defend and hold the City of Star and its employees harmless from any claim or liability resulting from any dispute as to the statements contained herein or as to the ownership of the property which is the subject of the application.

I understand there may be direct costs incurred by the City in obtaining a review of the application by architects, engineers, or other professionals necessary to enable the City to approve or disapprove the application. I understand that I will be billed on a monthly basis and will remit payment within 30 days.

I hereby grant permission to the City of Star staff to enter the subject property for the purpose of site inspections related to processing said application(s).

Type of application: _____

Dated this _____ day of _____, 20_____.

(Signature)

SUBSCRIBED AND SWORN to before me the day and year first above written.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____