



CITY OF TETONIA

IDAHO

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PLAT AMENDMENT APPLICATION

*FILE NO.:	*FEE: \$500	*Date paid: *Check #:
ORDINANCE: TITLE 9 CHAPTER 11	<input type="checkbox"/> *\$	*CITY USE

DEVELOPMENT NAME: PHASE:

APPLICANT IS: OWNER LESSEE BUYER DEVELOPER OTHER

APPLICANT: MAILING ADDRESS:

CITY: STATE: ZIP CODE: PHONE: CELL: FAX:

OWNER OF PROPERTY: MAILING ADDRESS:

CITY: STATE: ZIP CODE: PHONE: CELL: FAX:

REPRESENTATIVE: EMAIL:
 PHONE: CELL: FAX:

ENGINEERING FIRM:

PROJECT ENGINEER: EMAIL:
 PHONE: CELL: FAX:

LOCATION OF PROPERTY: TOTAL ACRES OF SITE: TOTAL ACRES OF PHASE:

DEVELOPMENT TYPE: Anticipated starting date:

Application Submittal Requirements

1. ____ Legal description of property.
2. ____ Copy of deed.
3. ____ If the signatory on this application is not the owner of the property requesting the development, then provide a notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.
4. ____ Documentation showing compliance with any conditions or approval that can be complied with prior to submittal of the amended plat application. The application will be deemed incomplete and will not be processed without this documentation.
5. ____ Five blue line copies of the amended plat. (folded)
6. ____ One 8 ½ " x 11 copy of the final plat.
7. ____ Two blue line copies of the original plat.
8. ____ Two copies of the amended engineering construction drawings (including drainage), calculations stamped and approved by the city engineer, showing street, sidewalk, water, sewer, pressurized irrigation facilities, pumping station, drainage and any other public improvements.
9. ____ One 8 ½ " x 11" street light plan.
10. ____ Subdivision, PUD or development name approved by Teton County Clerk.
11. ____ A copy of the official development agreement.

NOTE:

APPLICANT / REPRESENTATIVE MUST ATTEND THE PLANNING AND ZONING MEETING.

THE APPLICANT SHALL PAY THE COST OF ALL PLAT REVIEWS BY THE CITY APPOINTED ATTORNEY AND ENGINEER BASED ON AN HOURLY FEE.

Signature of Applicant/Representative: _____ Date: _____

Signature of receipt by City staff: _____ Date: _____