



Property Boundary Adjustment ADMINISTRATIVE REVIEW APPLICATION

GEM COUNTY DEVELOPMENT SERVICES

109 South McKinley, Emmett, Idaho 83617 www.co.gem.id.us phone: (208) 365-5144 fax: (208) 365-2499

SITE INFORMATION: (This information can be found on the assessor's property information assessment sheet).

Quarter: _____ Section: _____ Township: _____ Range: _____

Subdivision Name (if applicable): _____

Lot: _____ Block: _____

Site Address: _____

City: _____

APPLICANT:

ADJOINING PROPERTY OWNER:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Tax Parcel Number (s):

Tax Parcel Number (s):

Zoning: _____

Zoning: _____

Total Acres: _____

Total Acres: _____

Total Acres after
adjustment: _____

Total Acres after
adjustment: _____

Telephone: _____ Fax: _____

Telephone: _____ Fax: _____

Email: _____

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

I consent to this application and allow Development Services staff to enter the property for site inspections related to this application.

Signature: (Applicant) _____

Date _____ Signature: (Adjoining property owner) _____ Date _____

Signature: (Adjoining property owner) _____

Note: This application must be submitted with the applicable checklist(s).

OFFICE USE ONLY				
File No.:	Received By:	Date:	Fee:	Receipt No:



PROPERTY BOUNDARY ADJUSTMENT/LINE BREAK SUBMITTALS AND CHECKLIST

GEM COUNTY DEVELOPMENT SERVICES
109 South McKinley, Emmett, Idaho 83617 www.co.gem.id.us
phone: (208) 365-5144 fax: (208) 365-2499

REASON FOR REQUESTED PROPERTY BOUNDARY ADJUSTMENT:

SUBMITTAL REQUIREMENTS

FEE: A \$130.00 per survey fee must accompany the completed application. (*Non-Refundable*).
The applicant is responsible to pay any County Engineer review fees that are associated with the application.

PROOF OF OWNERSHIP: Attach a copy of warranty deed for all affected properties.

CONSENT: Attach notarized consent from all property owners affected by the proposed adjustment. The signature must be the same name as show on the deed.

PARCEL MAP: Attach a map showing existing and proposed property boundary lines, any easements affecting the property, existing buildings, wells, and septic systems (can be hand drawn).

LETTER OF INTENT: A written narrative to address the following nine (9) standards (if not applicable, please state so in the narrative):

- a) A property boundary adjustment shall not reduce the property size below the minimum dimensional standards prescribed by the Zoning Ordinance or this title including regulations for individual wastewater treatment systems and wells.
- b) If one or more of the properties is nonconforming as to the minimum dimensional standards prescribed by the Zoning Ordinance and this title (including, but not limited to, the size and road frontage), the property boundary adjustment shall not increase the nonconformity except allowed under Chapter 11-9-6.
- c) A property boundary adjustment shall not increase the original number of properties.
- d) A property boundary adjustment shall not change or move any public streets, private lanes, easements, or publicly dedicated areas in any manner. If any such area is to be vacated to necessitate the adjustment, a Vacation application must be approved prior to applying for a property boundary adjustment.
- e) The property boundary adjustment shall not constitute a relocation of a property.
- f) For platted lots, the property boundary adjustment shall be in substantial conformance to the recorded plat. This shall be interpreted to mean no more than ten percent (10%) of the total number of lots within the recorded plat may be affected by the adjustment.
- g) No permanent structures or other encroachments are allowed over platted lot lines which have existing easements, regardless of any property boundary line adjustment being approved.
- h) All current taxes must be paid in full on any property affected by the adjustment prior to the administrator's tentative approval being issued.
- i) If one (1) or more of the parcels affected by an adjustment is greater the forty (40) acres after the adjustment, then a record of survey is not required on the full boundary of the resulting parcel. However, a survey is required on any portion of the parcel(s) that is adjusted and new legal descriptions are required that describe the full boundary of all affected parcels, including remainder parcels.

CHECKLIST

SUBMITTALS	APPLICANT (√)	STAFF (√)
FEE		
PROOF OF OWNERSHIP		
CONSENT		
PARCEL MAP		
LETTER OF INTENT		

FINAL APPROVAL PROCESS:

**After all required submittals have been verified and a tentative approval letter issued, the applicant shall have six (6) months to complete the following:*

DEEDS: Have the necessary deeds and legal descriptions prepared to accomplish the property boundary adjustment as tentatively approved.

SURVEYOR'S STATEMENT: The surveyor shall certify that there are no existing structures or other encroachments over the new/adjusted line or within the required setbacks. Include said statement on the final Record of Survey.

MYLAR: Submit two (2) full size paper copies along with a reduced 8 ½" X 11" copy of the Record of Survey and the executable deeds to the Development Services Department for final approval. Once final approval is granted, submit the Record of Survey on Mylar for Administrator signature.

FINAL APPROVAL: Upon final approval from the administrator the applicant shall file the survey and deeds with the Gem County Recorder's Office and obtain new tax parcel numbers from the Gem County Assessor's Office.

Applicant Signature

Date

****FOR OFFICE USE ONLY****

APPLICATION COMPLETION DATE: _____

**109 So. McKinley Ave.
Emmett, ID 83617**

To Whom It May Concern,

I (We) _____ do hereby
agree to the proposed lot line adjustment between myself (ourselves) and
_____ on our
properties in ___ ¼ of Section ___, Township ___ North, Range ___ West (East), B.M..

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

State of Idaho)
) ss.
County of Gem)

On this ___ day of _____, 20___, before me, a notary public, personally appeared
_____, known to
me or proved to me on the basis of satisfactory evidence to be the person(s) that executed this
instrument and acknowledged to me that (they)(she)he executed the same.

In witness whereof, I have hereunto set my hand and affixed my official seal the day and year first
above written.

Notary Public for Idaho

Residing at: _____, Idaho

Commission expires:

Note:

For adjustments involving more than two property owners and/or owners who live outside the state, a
separate notarized form may be attached.