



BOUNDARY LINE ADJUSTMENT FORM

Cassia County Code 9-8-4: Boundary Line Adjustment: A. A Boundary Line Adjustment shall "amend" existing Parcels only; it shall not create any new Parcels.

File No. _____

Contact: _____

Date: _____

Phone _____

Email _____

Mailing Address _____
Address City State ZIP

Property Owner #1 Name: _____

RP Number _____ Deed # _____

Property Owner #2 Name: _____

RP Number _____ Deed # _____

Property Owner #3 Name: _____

RP Number _____ Deed # _____

Property Owner #4 Name: _____

RP Number _____ Deed # _____

____ 1. **Site Plan** and proposed changes: North Arrow, Scale Dimensions (Minimum Scale Size 1" = 40'), and shall include, but not be limited to, a description of the proposed land use and the location of all existing and proposed structures, wells, septic tanks, drain fields, new traffic access easements, traffic access to public thoroughfares, and public thoroughfares within 100' of new or proposed property lines. **(Please Attach)**

____ 2. **Zone:** _____ (City Impact, AR, RA, AP, MU, IC, HP)

____ 3. **Copy of Deeds** (Documents to show Title and Legal Description). **(Please Attach)**

____ 4. **Setbacks** **(Please Attach)**

____ 5. **Full description of the present use of the property:** *(Please Attach separate sheet if necessary)* _____

____ 6. **Parcel Map of the property** *(from the Cassia County Assessor's Office, show the approximate location of the proposed new lot lines).* **(Please Attach)**

____ 7. **Review by County Mapper** _____ Date: _____

____ 8. Documentation from South Central Public Health, applicable Highway District, and applicable irrigation district regarding proposed adjustment. **(Please Attach)**

Purpose for Proposed Land Use: *(Attach comment on letterhead if additional space needed.)*

South Central Public Health District Comment: _____

Signature: _____

Highway District Comment: (also indicate location of approach on site plan) _____

Signature: _____

Irrigation District Comment: _____

Signature: _____

****Applicant Signature** _____ Date: _____

Applicant Printed Name: _____

_____ 9. **Pre-Approval to Move Forward**

Authorized Signature _____ Date: _____

Printed Name: _____ Title: _____

FINAL PROCESS ONCE PRE-APPROVAL IS COMPLETE

_____ 10. Record of Survey: Recorded Instrument No. _____ Date: _____

Job # _____ Date of Record of Survey: _____

***Please Attach Copy of Survey.**

_____ 11. Legals of ground exchanged. **(Please Attach)**

_____ 12. New legals of full parcels. **(Please Attach)**

_____ 13. Deed prepared to accomplish the property boundary adjustments as tentatively approved. **(Please Attach)**

_____ 14. **Cassia County Treasurer**

CASSIA COUNTY TREASURER CERTIFICATE

I, _____, COUNTY TREASURER IN AND FOR THE COUNTY OF CASSIA, STATE OF IDAHO PER THE REQUIREMENTS OF IDAHO CODE §50-1308, DO HEREBY CERTIFY THAT ALL CURRENT AND DELINQUENT COUNTY PROPERTY TAXES, ALL AD VALOREM TAXES AND ASSESSMENTS FOR THE PROPERTY CURRENTLY KNOWN AS PARCEL NUMBER RP# _____, HAVE BEEN PAID IN FULL THE YEAR 20 ____ AND PRECEDING YEARS. THIS CERTIFICATION IS VALID FOR THE NEXT THIRTY (30) DAYS ONLY.

CASSIA COUNTY TREASURER SIGNATURE

DATE

PRINTED NAME

15. ZONING ADMINISTRATOR – CERTIFICATE OF COMPLETION AND APPROVAL

THE APPLICANT HAS FILED AN APPLICATION AS HEREIN SET FORTH, SHOWING THAT SAID APPLICATION MEETS ALL NECESSARY REQUIREMENTS OF APPLICABLE CASSIA COUNTY REGULATION SECTION 9-8-4, OR ITS SUCCESSOR REGULATION, AND HAVING PAID ALL ASSOCIATED AND APPROPRIATE FEES WITH RESPECT THERETO, THE MATTER IS HEREBY DETERMINED TO BE COMPLETE.

BY SIGNATURE AFFIXED BELOW, THE CASSIA COUNTY ZONING DIRECTOR HEREBY APPROVES THE ADMINISTRATIVE LAND DIVISION, AS SHOWN ON THE RECORD OF SURVEY, SEE ATTACHED HERETO.

*Authorized Signature: _____
TITLE _____

PRINTED NAME _____ DATE _____

FOR OFFICE USE ONLY:

COPIES OF RECORDED DEEDS IN ZONING & BUILDING FILE # _____ DATE: _____

Instrument No(s): _____

Boundary Line Adjustment fee: **\$40.00** _____ Check _____ Credit _____ Cash _____

Lodged by: _____ Date: _____

9-8-4

BOUNDARY LINE ADJUSTMENTS: To obtain a Boundary Line Adjustment Permit, an applicant must complete the respective application form available at the Zoning and Building Department. A request for multiple Boundary Line Adjustments of the same Parcel may be made on a single application.

- A. **APPROVAL PROCEDURES:** Approval is required for any administrative land division. Approval of an administrative land division must be acquired in compliance with the following approval procedures:
1. A completed Boundary Line Adjustment application shall be filed with the Zoning and Building Department by the owner(s) and/or agent(s) of the real property.
 2. A complete application shall provide the following:
 - a. The name, complete address, and contact number of the applicant(s) and all other landowner(s) of Parcels involved.
 - b. The legal description, address and/or common directions for the real property.
 - c. A full description of the present use of the property.
 - d. A parcel map of the property.
 - e. The present zoning of the property.
 - f. Documents to show Title and Legal Description (i.e., property deed).
 - g. Using a parcel map from the Cassia County Assessor's Office, applicant shall show the approximate location of the proposed new lot lines.
 - h. A complete site plan of the proposed site, minimum drawing scale shall be 1" = 40'. The site plan shall include, but not be limited to, a description of the proposed land use and the location of all existing and proposed structures, wells, septic tanks, drain fields, new traffic access easements, traffic access to public thoroughfares, and public thoroughfares within 100' of new or proposed property lines.
 - i. Documentation from the applicable public agencies indicating their response to the proposed land use. Applicable agencies include, but are not necessarily limited to:
 - i. South Central Public Health District
 - ii. Highway District
 - iii. Irrigation District
 3. Criteria for Approval of Boundary Line Adjustment Application.

- a. The Zoning Administrator will tentatively approve the boundary line adjustment, after determining that the application for the proposed Boundary Line Adjustment Application is complete, and complies with the standards of this chapter and ordinance of Cassia County, and the laws of the State of Idaho.
 - b. A permit shall not be granted if the application for the proposed Boundary Line Adjustment fails to comply with Section 9-8-4.
 - c. Upon tentative approval of the application by the Zoning Administrator, and subject to any applicable conditions of approval, the applicant or owner shall have a maximum of One Year from the date tentative approval is given to complete the following tasks:
 - i. Have the necessary deeds prepared to accomplish the property boundary line adjustments as tentatively approved; and,
 - ii. Submit the Record of Survey and executable deeds to the Zoning and Building Department for final approval.
 - d. Upon determination by the Zoning Administrator that the final property boundary adjustment is in compliance with the applicable ordinances and policies of Cassia County, the Zoning Administrator will issue a Certificate of Completion.
 - e. After receiving the Certificate of Completion, the applicant shall then file the record of survey and deeds with the Cassia County Recorder's Office and obtain new parcel numbers from the Cassia County Assessor's Office.
4. Building Permits
- a. No building permit shall be issued and not structure shall be built upon a resulting parcel that does not meet the requirements of this chapter.
5. Fees
- a. A non-refundable fee shall be payable to the Zoning and Building Department before review, verification or recording of a deed based upon a Boundary Line Adjustment. Fees shall be set by Resolution of the Board of County Commissioners.
6. Development
- a. Approved Boundary Line Adjustments shall be developed according to the site plans and proposed descriptions submitted to the Zoning and Building Department. Deviation from the proposal shall require re-application.