

IDAHO COUNTY  
APPLICATION FOR SUBDIVISION VARIANCE

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Legal Description of  
Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for seeking a variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how property is to be split: \_\_\_\_\_

\_\_\_\_\_

Signature of Owner or Legal Representative \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use Only

\$400 Variance Fee Paid \_\_\_\_\_ Public Hearing Date \_\_\_\_\_

Publication Date \_\_\_\_\_