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: _____________________________________________________________________

Checklist for Hearing: Are access easements in place?____________
Is there an adequate water source for new parcel?____________
Has the Health Department conducted a perk test and provided written documentation of the ability for the parcel to sustain a separate septic system?_______

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Office Use Only

$400 Variance Fee Paid________ Public Hearing Date___________________________

Publication Date______________

Updated April 2021