

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 **EACH** parcel to sustain a separate septic system? \_\_\_\_\_

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Office Use Only

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