



BONNER COUNTY PLANNING DEPARTMENT

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MINOR LAND DIVISION APPLICATION

FOR OFFICE USE ONLY:

FILE #	RECEIVED:
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PROJECT DESCRIPTION:

Name of Minor Land Division plat:

APPLICANT INFORMATION:

Landowner's name:		
Mailing address:		
City:	State:	Zip code:
Telephone:	Fax:	
E-mail:		

REPRESENTATIVE'S INFORMATION:

Representative's name:		
Company name:		
Mailing address:		
City:	State:	Zip code:
Telephone:	Fax:	
E-mail:		

ADDITIONAL APPLICANT REPRESENTATIVE INFORMATION:

Name/Relationship to the project:		
Company name:		
Mailing address:		
City:	State:	Zip code:
Telephone:	Fax:	
E-mail:		

PARCEL INFORMATION:

Section #:	Township:	Range:	Parcel acreage:
Parcel # (s):			
Current zoning:		Current use:	
Comprehensive plan designation:			
Within Area of City Impact:		If yes, which city?:	

ADDITIONAL PROJECT DESCRIPTION:**This application is for :**

Lot #1	Proposed acreage:	Remainder	Proposed acreage:
Lot #2	Proposed acreage:	Do the proposed lots meet the required depth to width ratio and applicable angle of intersection per BCRC 12-621:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot #3	Proposed acreage:		
Lot #4	Proposed acreage:		

SITE INFORMATION:

Does the property contain steep slopes of 15% or greater per the USGS maps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any water courses present on site per the NHD maps? (lakes, streams, rivers & other bodies of water) Note: submerged lands shall not be counted for determining density in a subdivision per BCRC 12-622.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are wetlands present on site per the U.S. Fish and Wildlife Service National Wetland Inventory Maps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the subdivision designed around identified natural hazards per BCRC 12-626 (A)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do existing structures meet required setbacks to proposed lot lines per BCRC Title 12 Chapter 4.1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are proposed lots split by city, county, zoning, or public R-O-W boundaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flood Hazard Zones located on site: <input type="checkbox"/> X <input type="checkbox"/> D <input type="checkbox"/> A <input type="checkbox"/> AE	DFIRM MAP:
Other pertinent information (attach additional pages if needed): _____ _____ _____ _____	

ACCESS INFORMATION:

Please check the appropriate boxes:	
<input type="checkbox"/> Private Easement	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
<input type="checkbox"/> Public Road	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
<input type="checkbox"/> Combination of Public Road/Private Easement	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
Describe travel surface (e.g., gravel, dirt, paved, etc.), travel way width, easement/right of way width, road grade. Include recorded instrument number for existing easements/roads & name, if existing: _____ _____ _____	
List existing access and utility easements on the subject property. _____ _____ _____	

SERVICES:

Which power company will serve the project site?

Which fire district will serve the project site?

Sewage disposal will be provided by:

☐ Existing Community System

☐ Proposed Community System

☐ Individual system

Explain the type of sewage system (LSAS, community drain field, individual septic, ect.) capacity, maintenance plan, location of facilities, name of facilities/provider, proposed ownership, if applicable, and other details: _____

Note: Please attach the necessary proof of urban services if required.

Will the sanitary restriction be lifted by the Panhandle Health District?

☐ Yes ☐ No

Water will be supplied by:

☐ Existing public or community system

☐ Proposed Community System

☐ Individual well

Please explain the water source, name of provider, proposed ownership, capacity, system maintenance plan, storage and delivery system and other details: _____

Note: Please attach the necessary proof of urban services if required.

I hereby certify that all the information, statements, attachments and exhibits submitted herewith are true to the best of my knowledge. I further grant permission to Bonner County employees and representatives, elected or appointed officials to enter upon the subject land to make examinations, post the property or review the premises relative to the processing of this application.

Landowner's signature: _____ Date: _____

Landowner's signature: _____ Date: _____