



# BONNER COUNTY PLANNING DEPARTMENT

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## MINOR LAND DIVISION APPLICATION

### FOR OFFICE USE ONLY:

FILE # MLD0059-24

RECEIVED: Kyle Snider

11/05/2024

### PROJECT DESCRIPTION:

Name of Minor Land Division plat: Pippino Addition

### APPLICANT INFORMATION:

Landowner's name: Freddie and Susan Poppino

Mailing address: [REDACTED]

City: Sagle

State: ID

Zip code: 83864

Telephone: [REDACTED]

Fax:

E-mail:

### REPRESENTATIVE'S INFORMATION:

Representative's name: Tyson Glahe

Company name: Glahe and Associates, Inc.

Mailing address: 303 Church Street

City: Sandpoint

State: ID

Zip code: 83864

Telephone: (208) 265-4474

Fax:

E-mail: [tglahe@glaheinc.com](mailto:tglahe@glaheinc.com)

### ADDITIONAL APPLICANT REPRESENTATIVE INFORMATION:

Name/Relationship to the project: Nancy Nick

Company name:

Mailing address: PO Box 2916

City: Hayden

State: ID

Zip code: 83835

Telephone: (208) 659-2525

Fax:

E-mail: [nancy@hightrailconsulting.com](mailto:nancy@hightrailconsulting.com)

### PARCEL INFORMATION:

Section #: 2

Township: 56N

Range: 2W

Parcel acreage:

Parcel # (s): RP000700020070A

Current zoning: Suburban

Current use: Transition

Comprehensive plan designation:

Within Area of City Impact: ☐ Yes ☒ No

If yes, which city?:

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

Lot #1	Proposed acreage: 0.661	Remainder	Proposed acreage:
Lot #2	Proposed acreage: 0.255	Do the proposed lots meet the required depth to width ratio and applicable angle of intersection per BCRC 12-621:	<input checked="" 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 checked="" type="checkbox"/> No
Are there any water courses present on site per the NHD maps? (lakes, streams, rivers & other bodies of water) <b>Note:</b> submerged lands shall not be counted for determining density in a subdivision per BCRC 12-622.	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
Is the subdivision designed around identified natural hazards per BCRC 12-626 (A)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do existing structures meet required setbacks to proposed lot lines per BCRC Title 12 Chapter 4.1?	<input checked="" 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 checked="" type="checkbox"/> No
Flood Hazard Zones located on site: <input checked="" 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): <u>National Wetlands Map and FIRMette</u>	

**ACCESS INFORMATION:**

Please check the appropriate boxes:	
<input type="checkbox"/> Private Easement	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed
<input checked="" type="checkbox"/> Public Road	<input checked="" 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: <u>Paved public road, maintained.</u>	
List existing access and utility easements on the subject property. _____	

**SERVICES:**

Which power company will serve the project site? Northern Lights

Which fire district will serve the project site? Selkirk Fire, Rescue &amp; EMS, Sagle Fire Station

**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: Sewer service provided by Southside Water and Sewer

**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: Water provided by Mountain Springs Water Corporation

**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: Nancy E. Nick

Date: 11/4/2024

Landowner's signature: \_\_\_\_\_

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