

# CITY OF TWIN FALLS COMMUNITY DEVELOPMENT SERVICES

P.O. Box 1907 324 Hansen Street E Twin Falls, ID 83303

PH: 208-735-7267 FAX: 208-736-2641

#### **VACATION APPLICATION**

A pre-application meeting with staff must occur prior to acceptance of any applications.

Pre-Ap	р Ме	eeting Date:						
Date o	f the	Application:		Application No.:				
				Fee: \$250.00 + (\$50.00	if in AOI)			
A.	AP	PLICANT INFORMATION:						
	1.							
		9						
		•	State:	•				
			Cell Phone:					
Ap	plica	ant Signature:						
	2.	Name of Applicant's Popr	ocontativo (if other than above)					
	۷.	Name of Applicant's Representative (if other than above):  Mailing Address:						
			State:					
		•	State: Cell Phone: _	·				
B.	RE	QUEST INFORMATION:						
	1.	The following is a request that the Real Property Located at (street address):						
		and LEGALLY DESCRIBED as:						
		be VACATED and the ownership thereof revert as directed by the City Council and according to law.						
	2.	Present use of all adjoining property:						
	3.	Area of proposed property to be vacated:						
	4.	Proposed use of property to be vacated:						
	5.	Existing Zoning District:						

NOTE: A request for a Comprehensive Plan Amendment is required for a request that is NOT in conformance with the Comprehensive Plan.

Cost of publication of an ordinance which implements this request is <u>not</u> included in this fee. The publication cost is the responsibility of the applicant. After ordinance approval by the City Council, the Times News will call the applicant with the cost and will publish only after receipt of payment. Your request is not final until publication of the implementing ordinance. Pursuant to State law, the implementing ordinance must be published within one month of passage to become effective.

#### C. PRIOR TO ACCEPTANCE/SCHEDULING OF THE APPLICATION THE APPLICANT MUST PROVIDE THE FOLLOWING:

- 1. The applicant must prove control of the property for which the request is being made by providing **ONE** of the following:
  - a. Copy of Warranty Deed, Or
  - b. Copy of Earnest Money Agreement **Or** Contract of Sale, duly acknowledged by **BOTH Buyer and Seller**.

#### 2. Property Owner Notification

The applicant must provide <u>a CONSOLIDATED LIST</u> of name and addresses of all <u>LEGAL</u> property owners within a specified perimeter of the subject property and any additional area that may be impacted by the proposed change as determined by the Zoning Administrator. A list of these parcels will be made available to you by staff once your permit application has been reviewed and the perimeter has been determined. Once the list of parcels has been generated by staff, the list will be provided to you so that you may obtain the property owner and mailing addresses from either of the following:

- a. from the County Assessor's Office, Or
- b. from a title company

The completed list of names addresses and parcel numbers must be submitted back to the Zoning & Development Department in order for your request to be scheduled for a public hearing.

- 3. A site plan to **SCALE** on an **8** ½" **x** 11" **paper**, of the subject property showing the following:
  - a. Detailed area map indicating the area requested for vacation and adjoining properties;
- Provide a Detailed Written Statement On A Separate Sheet Of Paper Containing:
  - a. The reason for the request indicating the intended use of the vacated property.
  - b. An evaluation of the effects of the vacation on all adjoining properties.

#### 5. **ALSO Provide the following:**

- a. A written statement from each of the owners of the aforesaid sold lots indicating whether or not they are in agreement with vacating the proposed right-of-way and/or private easement.
- b. A written stated from each of the utility companies, <u>on utility company letterhead</u>, indicating whether or not they are in agreement with vacating the public easement.

OFFICIAL USE ONLY:	
COMMISSION HEARING (certified mail):	PUBLISH DATES(2):
	HEARING DATE:
COUNCIL HEARING (certified mail):	PUBLISH DATES(2):
	HEARING DATE:
BOARD OF COUNTY COMMISSIONERS (certified	
DOARD OF COUNTY COMMISSIONERS (CERTIFICA	PUBLISH DATES(2):
	HEARING DATE:

## **SAMPLE LETTER**

### **UTILITY COMPANY LETTERHEAD**

DATE

To Whom It May	Concern:			
We, the undersig	ned public utility com	pany/adjoining property owner,		_, release rights for
the	′>	(	street right-of-way AKA COMMON NAME OF	STREET and/or
utility easement that is located			or located between Lots	
Block	, in the		Subdivision, Twin Falls, Idaho.	
		T''		
Utility Company/l	Property Owner	, Title		

#### **Utility Contacts:**

#### **Idaho Power Company**

c/o Tracy Morrison P.O. Box 70 1221 West Idaho Street Boise, Idaho 83707 Phone: 208-388-6798

Application for Release of Idaho Power Easement or Release of Subdivision Plat Easement and \$150.00

fee required.

#### CableOne

CableOne Construction c/o Ron Burns P.O. Box 1946 261 Eastland Drive Twin Falls, Idaho 83303

Phone: 208-733-6877, ext. 7150

Fax: 208-733-6296

#### **Century Link**

c/o Brad McNew 216 South Park Avenue Twin Falls, Idaho 83301 Phone: 208-736-8760

Fax: 208-736-8755

#### **Intermountain Gas Company**

c/o Jim Capps 451 Alan Dr Jerome, ID 83338

Phone: 800-548-3679

#### **Irrigation Contact:**

#### **Twin Falls Canal Company**

c/o Jay Barlogi P.O. Box 326 357 6<sup>th</sup> Avenue West Twin Falls, Idaho 83303 Phone: 208-733-6731

Fax: 208-733-1958