



CITY OF TWIN FALLS
COMMUNITY DEVELOPMENT SERVICES
 P.O. Box 1907
 203 Main Avenue E
 Twin Falls, ID
 83301
 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-App Meeting Date: _____

Date of the Application: _____

Application No.: _____

Fee: **\$700.00**

A. APPLICANT INFORMATION:

1. Name of applicant: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____ E-mail: _____

Applicant Signature: _____

2. Name of Applicant's Representative (if other than above): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell Phone: _____
 Email Address: _____

B. REQUEST 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 not 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 a **consolidated list** of names and addresses of all property owners within 300 feet from the subject property perimeter as listed below. The letters must be mailed through Certified Mail.

The Director of Planning and Zoning may require notification to additional areas which may be impacted by the proposed change.

The property owner mailing list may be obtained from either of the following:

- Twin Falls County Assessor's Office: 630 Addison Avenue West, Twin Falls, ID 83301 **OR**
- A Title Company of your choosing.

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 1/2" x 11" paper**, of the subject property showing the following:
 - a. Detailed area map indicating the area requested for vacation and adjoining properties;
4. **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, on utility company letterhead, indicating whether or not they are in agreement with vacating the public easement.
6. **Provide a legal mete and bounds description prepared and stamped by a Professional Land Surveyor for the proposed vacation. Note: this is required in order for the application to be scheduled for a public hearing.**

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 mail):

PUBLISH DATES(2): _____

HEARING DATE: _____

SAMPLE LETTER

UTILITY COMPANY LETTERHEAD

DATE

To Whom It May Concern:

We, the undersigned public utility company/adjoining property owner, _____, release rights for the _____' x _____' 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.

_____, Title
Utility Company/Property Owner
Address

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.

Sparklight (aka 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

Lumen (aka 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 Drive
Jerome, ID 83338
Phone: 800-548-3679

Irrigation Contact:**Twin Falls Canal Company**

c/o Jason Brown
P.O. Box 326
357 6th Avenue West
Twin Falls, Idaho 83303
Phone: 208-733-6731
Fax: 208-733-1958