



City of Buhl

Planning & Zoning Department

201 Broadway Ave N Buhl, ID 83316

Phone: 208-308-9814

Fax: 208-543-2884

www.cityofbuhl.us

PRELIMINARY PLAT APPLICATION

Date: _____

Subdivision Name: _____

Total Acreage: _____

Number of Lots: _____

Type of Plat: Subdivision Plat PUD Subdivision Plat

Proposed Land Use: Residential Commercial Industrial Mixed Use

If Residential, what type? Single-Family Duplex 4-plex

PROPERTY INFORMATION

Address: _____

Existing Subdivision: _____

Primary Parcel #: _____

Additional Parcels: _____

Zoning District(s): R-11 R-4 R-6 R-16 R-P B-1 B-2 B-2 I-1 I-2

Need to rezone? Yes No *If yes, a rezone application must be submitted separately with its fees.*

Comprehensive Plan Land Use Designation: _____

DEVELOPER/APPLICANT INFORMATION

First Name: _____ Last Name: _____

Company: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____ Fax: _____

ENGINEERING FIRM:

First Name: _____ Last Name: _____

Company: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____ Fax: _____

OWNER INFORMATION

Same as the applicant? Yes No *If yes, leave this section blank.*

First Name: _____ Last Name: _____

Company: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____ Fax: _____

REQUIRED SUBMITTAL MATERIALS

The following items must be submitted before the application will be accepted for review:

- Completed Application**
- Application fee:** \$ _____ Payable to the City of Buhl
(\$500.00 per plat + \$15.00 per lot, tract, and/or parcel)
- Preliminary Plat Documents**
 - Two (2) Copies—24"x36" One (1) Copy—11"x17" Digital copy (PDF and CAD/GIS file)
- Legal Description** per survey
- List of names and addresses of all legal property owners within three hundred feet (300') of the perimeter of the subject property/properties:
(from the Twin Falls County Assessor's Office, or a title company)
- Intended Use Statement** describing the proposed development
- Traffic Impact Study (TIS)**, if required under Buhl City Code §9-24A-3(B)(19)
- PUD Agreement**—Draft or Approved (if PUD Subdivision)
- Affidavit of Legal Interest**
- Additional supporting studies or documents (if required)

APPLICANT ACKNOWLEDGEMENT

I understand that:

1. This application is subject to acceptance by the City of Buhl upon determination that the application is complete.
2. This application is subject to a public hearing before the City of Buhl Planning and Zoning Commission.
3. The application fee is non-refundable.
4. The applicant is responsible for fees for water and sewer models, if required.

Owner Signature

Date

Developer/Representative Signature

Date

The Administrator has the right to withhold official acceptance of the application until a thorough review is completed and all required information and fees have been submitted. The Administrator will schedule the public hearing date before the Planning & Zoning Commission once the application is complete.

OFFICIAL USE ONLY:

FEE AMOUNT \$ _____ CASH CHECK NO. _____ CREDIT/DEBIT

DATE OF SUBMITTAL: _____

RECEIVED BY: _____

P & Z HEARING: _____ Approved? Yes No

COUNCIL HEARING: _____ Approved? Yes No