

**SHORT PLAT APPLICATION
Requiring Public Hearing**

APPLICANT/ APPLICANT REPRESENTATIVE

SUBDIVISION NAME

MAILING ADDRESS

SECTION TOWNSHIP RANGE

CITY STATE ZIP CODE

Have you contacted Southwest District Health? Y N

TELEPHONE FAX OR EMAIL

TAX ASSESSOR'S PARCEL NUMBER(s)

OWNER'S NAME

CURRENT ZONING OF THE SUBJECT PARCEL

OWNER'S MAILING ADDRESS

CUP FILE NUMBER

CITY STATE ZIP CODE

SITE ADDRESS

OWNER'S TELEPHONE NUMBER

AREA OF CITY IMPACT

I DECLARE UNDER PENALTY OF PERJURY that I/we, _____, being duly sworn, depose and say that I/we am/are the applicant(s) in the foregoing application, that I/we have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge. Furthermore, all information and data submitted to Owyhee County in support of my application is true and correct to the best of my knowledge. I/we acknowledge that by submitting this application a member or members of the planning and zoning commission may physically make a site visit to the proposed site and surrounding vicinity. I/we understand that this will be done at an unannounced time without conversation with owners, applicants, or the public.

Dated: _____ Signed: _____

Dated: _____ Signed: _____

On the ____ day of _____, _____, before me, the undersigned Notary Public, personally appeared, known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and acknowledged to me that s/he executed the same.

IN WITNESS WHEREOF, I have set my hand and seal the day and year as above written.

Notary Public
Residing at _____
Commission Expires: _____

FOR ADMINISTRATIVE USE				
File No. _____	Rec'd by: _____	Date: _____	Pd. _____	Check No. _____

