

**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. \_\_\_\_\_

