



ONEIDA COUNTY PLANNING AND ZONING  
30 NORTH 100 WEST  
MALAD CITY, IDAHO 83252

MASTER ADMINISTRATIVE REVIEW APPLICATION

TYPE OF APPLICATION: (PLEASE CHECK ALL THAT APPLY AND ATTACH APPLICATION FORM)

- |                                                      |                                                                                                      |                                                        |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> AGRICULTURAL SPLIT          | <input type="checkbox"/> LEGAL CONDEMNATION,<br>ACQUISITION, or WIDENING<br>OF EXISTING RIGHT OF WAY | <input type="checkbox"/> PROBATE/ESTATE/COURT<br>ORDER |
| <input type="checkbox"/> FLOOD DEVELOPMENT<br>PERMIT | <input type="checkbox"/> MORTGAGE/DEED OF TRUST                                                      | <input type="checkbox"/> PROPERTY LINE ADJUSTMENT      |
| <input type="checkbox"/> LOT-LINE VACATION           | <input type="checkbox"/> ONE-TIME SPLIT<br>RECOGNITION                                               | <input type="checkbox"/> SIGN PERMIT                   |

PROJECT NAME: \_\_\_\_\_

SITE INFORMATION:

(This information can be found on the Assessor's property information assessment sheet.)

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_ Current Land Use: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OWNER(S) OF RECORD:</b><br>Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone: _____ Fax: _____<br>Email: _____<br><br>I consent to this application, I certify this information is correct, and allow Planning and Zoning staff to enter the property for related site inspections. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.<br><br>_____<br>Signature: All Owner(s) of                      Date Record | <b>APPLICANT:</b><br>Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone: _____ Fax: _____<br>Email: _____<br><br>I consent to this application, certify this information is correct, and allow Planning and Zoning staff to enter the property for related site inspections. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.<br><br>_____<br>Signature: Applicant                                      Date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NOTE: THIS APPLICATION MUST BE SUBMITTED WITH THE APPROPRIATE APPLICATION FORM

**AFFIDAVIT OF LEGAL INTEREST and LETTER OF AUTHORIZATION**

\_\_\_\_\_, “Owner” whose address is \_\_\_\_\_  
\_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

As owner of property more specifically described as:  
\_\_\_\_\_  
\_\_\_\_\_

**HEREBY AUTHORIZES** \_\_\_\_\_ as Agent to represent and act for the Owner in making applications for and receiving and accepting on the Owner's behalf any permits or other action by the Oneida County Board of Commissioners, Oneida County Planning and Zoning Commission, Oneida County Planning and Zoning Staff, and or other Oneida County Departments relating to the modification, development, planning, platting, re-platting, improvements, use or occupancy of land in Oneida County, Idaho. Owner agrees that Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in the said application of any Owner information in support thereof and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that Owner shall be bound and shall abide by the written terms or conditions of the issuance of any such named representative, whether actually delivered to Owner or not. Owner agrees that no modification, development, platted, or re-platting, improvement, occupancy, or use of any structure or land involved in the application shall take place until approved by the appropriate official of Oneida County, Idaho, in accordance with applicable codes and regulations.

Owner agrees to pay any fines and be liable for any other penalties arising out of failure to comply with the terms of any permit or arising out of any violation of applicable laws, codes, or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the preceding is true and, if signing on behalf of a corporation, partnership, limited liability company, or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity if required.

**OWNER:**

|                                         |                       |                  |
|-----------------------------------------|-----------------------|------------------|
| _____<br>(Signature of Owner)           | _____<br>(Print Name) | _____<br>(Title) |
| _____<br>(Signature of Owner)           | _____<br>(Print Name) | _____<br>(Title) |
| _____<br>(Signature of Owner)           | _____<br>(Print Name) | _____<br>(Title) |
| _____<br>(Secretary or Corporate Owner) | _____<br>(Print Name) |                  |

NOTARY STATE OF IDAHO ) ss  
COUNTY OF \_\_\_\_\_ ) (seal)

SUBSCRIBED and sworn to before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Date \_\_\_\_\_  
My Commission expires on: \_\_\_\_\_



ONEIDA COUNTY PLANNING AND ZONING  
30 NORTH 100 WEST  
MALAD CITY, IDAHO 83252

**PROOF OF PROPERTY TAXES PAID**

# \_\_\_\_\_

**Owner:** \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**Applicant** (if different): \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Location and size:**  
Property Address: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_ Section: \_\_\_\_\_ Township & Range: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_ Section: \_\_\_\_\_ Township: & Range: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_ Section: \_\_\_\_\_ Township: & Range: \_\_\_\_\_  
Parcel Number: \_\_\_\_\_ Section: \_\_\_\_\_ Township: & Range: \_\_\_\_\_  
Assessor Exemptions (i.e. agriculture, timber, etc.): No: \_\_\_\_\_ Yes: \_\_\_\_  
list: \_\_\_\_\_

**I (we) am (are) applying for the following Land Use Action: (please check the appropriate one)**

|                          | <b>Document</b>               | <b>Rec'd</b> |
|--------------------------|-------------------------------|--------------|
| <input type="checkbox"/> | Agricultural Land Split       |              |
| <input type="checkbox"/> | Probate Estate or Court Order |              |
| <input type="checkbox"/> | One-Time Split                |              |
| <input type="checkbox"/> | Property Line Adjustment      |              |
| <input type="checkbox"/> | Parcel Line-Vacation          |              |
| <input type="checkbox"/> | Subdivision Plat              |              |

I consent to this application, I certify this information is correct, and I authorize the Oneida County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit (if applicable) are in effect. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.

• Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I, the undersigned, am the owner of the referenced property and do hereby give my permission to \_\_\_\_\_ to be my agent and represent me in the matters of this application. I consent to this application, I certify this information is correct, and I authorize the Oneida County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit (if applicable) are in effect. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.

• Owner Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**ONEIDA COUNTY TREASURER'S OFFICE ONLY:**

Proof of Paid Taxes, Current and Estimated Taxes-as required by Oneida County Ordinance #2022-08-01, as amended 2024-07-08 is attached for the above Parcel(s)

\_\_\_\_\_  
TREASURER (DEPUTY) signature

\_\_\_\_\_  
Date