

Districts

Application for Subdivision/Land Development Review

FEES:	
Central Water Sewer	
Plats:	

On-Site Sewage Plats or Parcel Splits:

Developer/Applicant Name: B	Phor	ne # <u>231-3</u>	30-8738					
Mailing Address: PO BOX 69	8	VICTOR	ID	83455				
E-mail address: bdarnton@	Street/P.O. Box gmail.com	City	State	Zip				
Name of Subdivision: Eddylii								
City:		ON COUNTY						
Location of Subdivision: W 40	00 N, TETON COUNTY,	ID 83422						
Legal Description: Townsh	ip <u>5N</u> Range <u>44E</u>	Section 2	12					
Parent Parcel Number of Site:	RP05N44E020700							
Property Owner (if different):_	Phor	ne #:						
Mailing Address:	Street/P.O. Box	011		_ :				
E-mail address:		City	State	Zip				
Engineer:Harmony Design a	nd Engineering/ Randy Blo	ough 208-354-133	1 x 4001					
	Name	Phone		License #				
Mailing Address: 18 N. Main	St. Driggs, ID, 83422	0''	24.4	7 :				
E-mail address: randy.bloug	Street/P.O. Box ah@harmonvdesianinc.co	City m	State	Zip				
E-mail address.	<u>,,, , , , , , , , , , , , , , , , , , </u>							
Surveyor: Harmony Design a	and Engineering/ Patrick (Gilroy 208-354-13	31 ext.	19140				
,	Name	Phone		License #				
Project Description Subdivision of 423 acres into 12 lots of approximately 35 acres each.								

Land

Acres 423.8 Minimum Lot		Total # Lots . Acres 28.1	12	Buildable Averad	_12 ge Lot Size in Ac	Non-buildable N/A			
					,				
Water Supply	y: 🗖 Su	ırface Water 🛭	Ground Wat	ter	☐ Public Water \$	System (Will serve let	ter required)		
				Sewer					
✓ Individual✓ Municipal✓ Central S	Septic Sewer eptic &/c	(Will serve lette or LSAS Septic	etter required r required) (>2 dwellings	s or 2500 gpd		of municipal sewer)			
				Plat					
Location:		Residential City	×	Commercial County		☐ Industrial☐ Impact Zone			
				Stormwater					
	Type of Disposal: ☐ Shallow Injection Wells (drywells) ☐ Grassy Swale ☐ N/A Service for: ☐ Street Only ☐ Street and Lots ☐ Other ☐ N/A								
Chemical/Hazardous Materials (Commercial or Industrial Subdivisions Only)									
						sites? Yes Yes			
Applicant Sig	ınature:				Date:				
			This Section	on for Officia	al Use only				
If on-site	e sewag			ite predevelop ting:	•	eld with District (if re	quired):		
	Applicat	ion Date		Fee \$	Receipt	#			
	Final Pla	at Approval Date		Fee \$	Receipt	#			
Sanitary Res	trictions	: 🗖 In-Ford	ce	☐ Satisfie	d □ Se	ee Attached Letter	1		
EHS Signature:		EHS #:		Date:					