



# CITY OF EAGLE

660 E. Civic Lane, Eagle, ID 83616

Phone #: (208) 939-0227 Fax #: (208) 938-3854

## VACATION APPLICATION

FILE NO.:

\_\_\_\_\_

FEE:

\_\_\_\_\_

CROSS REF.  
FILES:

\_\_\_\_\_

APPLICANT:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

Owner     Purchaser

APPLICANT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

APPLICANT EMAIL:

\_\_\_\_\_

OWNER:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

\_\_\_\_\_

OWNER ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

OWNER EMAIL:

\_\_\_\_\_

REPRESENTED BY:

\_\_\_\_\_

PHONE:

\_\_\_\_\_

(IF DIFFERENT FROM ABOVE)

ACREAGE OF SITE:

\_\_\_\_\_

ADDRESS OF  
PROPERTY:

\_\_\_\_\_

\_\_\_\_\_

DISTANCE FROM  
MAJOR CROSS STREET:

\_\_\_\_\_

PARCEL NO.:

\_\_\_\_\_

(APPLICANT TO VERIFY WITH ADA COUNTY ASSESSOR'S OFFICE)

# Application Submittal Requirements

	Applica nt Use		Staff Use
1.	<input type="checkbox"/>	Legal description of property.	<input type="checkbox"/>
2.	<input type="checkbox"/>	Copy of Deed.	<input type="checkbox"/>
3.	<input type="checkbox"/>	If the signator on this application is not the owner of the subject property, then provide a notarized statement (affidavit of legal interest) from the owner stating the applicant is authorized to submit this application.	<input type="checkbox"/>
4.	<input type="checkbox"/>	Names and addresses of all adjoining owners of property and residents within three hundred feet (300') of the external boundaries of the land being considered as shown on record in the County Assessor's Office. The addresses shall be submitted to the City on one set of address labels.	<input type="checkbox"/>
5.	<input type="checkbox"/>	Fourteen (14) 11" x 17" folded copies of the revised plat showing what is to be vacated.	<input type="checkbox"/>
6.	<input type="checkbox"/>	One (1) 8½" x 11" reduction of the revised plat and the vicinity map.	<input type="checkbox"/>
7.	<input type="checkbox"/>	Three (3) 24" x 36" folded copies of the revised plat drawn to scale.	<input type="checkbox"/>
8.	<input type="checkbox"/>	One (1) 8½" x 11" reduction of the original final plat.	<input type="checkbox"/>
9.	<input type="checkbox"/>	A written statement of justification addressing the reason for the vacation.	<input type="checkbox"/>

**NOTE:**

IF THE CITY COUNCIL OR THE ZONING ADMINISTRATOR DETERMINE THAT ADDITIONAL AND/OR REVISED INFORMATION IS NEEDED, AND /OR IF OTHER UNFORSEEN CIRCUMSTANCES ARISE, ANY DATES OUTLINED FOR PROCESSING MAY BE RESCHEDULED BY THE CITY.

APPLICANT/REPRESENTATIVE MUST ATTEND THE CITY COUNCIL MEETING.

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 Eagle City Code Section 1-7-4 (A) states, "Fee Schedule Established: The city clerk or their designee, at the time of the filing of a land use application, petition, or receipt of an area of impact referral, shall collect the fee and/or deposit established by resolution of the city council together with a deposit for any direct costs incurred by the city to review such requests by architects, engineers, attorneys, or other professionals necessary to enable the city to process said application, petition, or referral in an informed manner." Direct costs, as underlined in 1-7-4 (A) above, shall be required to be paid by the applicant in a time frame to be determined by the City Policy for Collection and Enforcement of Deposits and Fees for Land Use Action as approved and adopted by the Eagle City Council.

**NOTE: The processing of an application shall be delayed or stopped if deposit balances and direct costs are not reimbursed as required in accordance with the adopted policy.**

**The City does not guarantee acquisition of public services provided by any agency. The developer, property owner and/or applicant of this Vacation application does hereby release and indemnify and hold harmless the City of Eagle from any and all claims, cost, damages, etc., from any individual or organization regarding the acquisition of services which are not affiliated with the City, including but not limited to, central water service, sanitary sewer service, access to public roads and fire protection. "Regulatory Taking Notice: Applicant has the right, pursuant to section 67-8003, Idaho Code, to request a regulatory taking analysis."**

Signature of Applicant/Representative \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Applicant/Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of receipt by City staff \_\_\_\_\_ Date \_\_\_\_\_