



FREMONT COUNTY PLANNING & BUILDING DEPARTMENT  
 125 NORTH BRIDGE ST. Suite 1  
 ST. ANTHONY, ID 83445  
 (208) 624-4643 Office  
 (208) 624-1320

**Vacation, or partial vacation, of Plat Application**

Permit # \_\_\_\_\_  
 RA: \_\_\_\_\_  
 Date Paid: \_\_\_/\_\_\_/\_\_\_

NAME OF PLAT/ROAD: \_\_\_\_\_

Type of Vacation Requested:  Plat Note  Easement  Partial Vacation of Plat  
 Full vacation of a Plat  Road (public or private)

**SUBMITTALS:**

All information called for on this form shall be required for a complete application along with the applicable fee, and no incomplete application will be accepted.

- Warranty Deed or evidence of proprietary interest.
- Completed Vacation Request Checklist
- Required documents and maps/plats
- Required Fee \$550.00

General Location of Property: \_\_\_\_\_  
 Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Parcel Number(s): \_\_\_\_\_

**Owners of Record**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax#: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant (if different from owner)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax#: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

**Representative (this will be the contact person/agency for all correspondence)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_



FREMONT COUNTY PLANNING & BUILDING DEPARTMENT  
125 NORTH BRIDGE ST. Suite 1  
ST. ANTHONY, ID 83445  
(208) 624-4643 Office  
(208) 624-1320

This signature acknowledge that all information on this application and the attached plans is true

AND the activity

permitted will be conducted in full compliance with all ordinances of Fremont County, and state and federal law; AND that the activity conducted will be in full compliance with any and all conditions imposed on the permit's approval. Note that conditions attached to approval of a Class II permit use will be binding on future Class I permits issued on the site.

**Unless extended by an approved development agreement, this permit expires in two years. If the activity authorized is not commenced and diligently pursued toward completion OR if the activity is commenced but abandoned for two years at any time before completion.**

I consent to this application and allow planning & building staff to enter the property for site inspections related to this application.

I certify information is correct to the best of my knowledge.

**I have read and agree to the above terms and conditions.**

**Property Owner:**

**Representative:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_