



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

Record of Survey

Address

Street No.: Direction: Street Name: Street Type: Unit Type: Unit No.:

City: State: Zip Code: Zoning District:

Parcel Number: Subdivision Name: Block: Lot:

Additional Parcel Numbers:

Applicant Information Primary Contact

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Representative Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Owner Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Project Information

Project Name (if applicable):

Project Proposal: - Please provide a brief narrative of your project in the Project Proposal field, and answer all other questions to the best of your ability.

Property Information

Property In Hillside:

Yes No

Airport Influence:

A B C Not in Airport Influence Area B-1

Size of Property: - Acres

General

Type of Application:

Minor Land Division Parcel Consolidation
 Property Line Adjustment

Proposed Use:

Commercial Industrial Residential Multi-Family
 Residential Single Family

Record of Survey

Proposed Number of Lots:

Existing Number of Lots:

Sewer Connection Present:

Yes No

Explain other Sewer connection:

Water Connection Present:

Yes No

Water source: - For a Minor Land Division, connection to a municipal water source is required.

Capitol Water SUEZ Other

Other Water Source:

Each planning application includes a Required Submittal Checklist. Please download the submittal checklist for your Record of Survey application.

- [Record of Survey Submittal Checklist](#)

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

Print Authorized Representative or Owner's Name

Authorized Representative or Owner's Signature

Date