



Fremont County  
 Planning & Building Department  
 125 N. Bridge St. Suite 1  
 St. Anthony, ID 83445  
 (208)624-4643 Office  
 (208)624-1320 Fax

**VACATION, OR PARTIAL  
 VACTION, OF PLAT  
 APPLICATION**

Permit # \_\_\_\_\_

RA: \_\_\_\_\_

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

Fee: \_\_\_\_\_

**Partial \$295 - Full \$495**

County Surveyor fee of \$195, plus \$20 per lot: \_\_\_\_\_

Plus Public Notifications : \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**SUBMITTAL:** The review process will require 7-10 working days.

**SECTION 1: TYPE OF VACATION**

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

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

**SECTION 2: OWNER INFORMATION**

**OWNERS:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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.

Signature : (Owner) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Applicant) \_\_\_\_\_ Date: \_\_\_\_\_

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 binging on future Class I permits issued on the site.

**Unless extended by an approval 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 have read and agree to the above terms and conditions.**

**SECTION 3: PROPERTY DETAILS**

Legal Description: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Parcel Number \_\_\_\_\_ Site Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 4: ADDITIONAL REQUIREMENTS**

- Warranty Deed or evidence of proprietary interest.
- Complete Vacation Request Checklist
- Required documents and maps/plats

**SECTION 5: ADDITIONAL INFORMATION**

Engineer/Surveying Firm: \_\_\_\_\_  
Representatives Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**OFFICE USE ONLY**

PERMIT: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEW CONDUCTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: