



ONEIDA COUNTY PLANNING AND ZONING
30 NORTH 100 WEST
MALAD CITY, IDAHO 83252

PROOF OF PROPERTY TAXES PAID

The Planning and Zoning staff is available to discuss this application and answer questions. The Administrator shall review the completed application and may approve or deny it. It is recommended that the Applicant review the Oneida County Development Code prior to submittal. This Ordinance along with application materials are located on the County website at www.oneidaid.us.

Owner: _____
Email: _____
Phone: () _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Applicant (if different): _____
Email: _____
Phone: () _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____

Location and size:

Property Address: _____
Parcel Number: _____ Section: _____ Township: _____ Range: _____
Parcel Number: _____ Section: _____ Township: _____ Range: _____
Parcel Number: _____ Section: _____ Township: _____ Range: _____
Parcel Number: _____ Section: _____ Township: _____ Range: _____
Assessor Exemptions (i.e. agriculture, timber, etc.): No: _____ Yes: _____
list: _____

I (we) am (are) applying for the following Land Use Action: (please check the appropriate one)

	Document	Rec'd
	Agricultural Land Split	
	Probate Estate or Court Order	
	One-Time Split	
	Lot/Parcel Line-Vacation	
	Full Subdivision Plat	

I consent to this application, I certify this information is correct, and I authorize the Oneida County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit (if applicable) are in effect. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.

• Applicant Signature: _____
Date: _____

I, the undersigned, am the owner of the referenced property and do hereby give my permission to _____ to be my agent and represent me in the matters of this application. I consent to this application, I certify this information is correct, and I authorize the Oneida County Planning & Zoning Department staff and its designated inspection agent to enter the property for any site inspection or compliance purposes as long as this application and a conditional use permit (if applicable) are in effect. I agree to indemnify, defend, and hold harmless Oneida County and its employees from any claim or liability resulting from any dispute as to the statements contained in this application or as to the ownership of the property, which is the subject of this application.

• Owner Signature: _____
Date: _____

ONEIDA COUNTY TREASURER'S OFFICE ONLY:

Proof of Paid Taxes, Current and Estimated Taxes-as required by Oneida County Ordinance #2016-01, is attached for the above Parcel(s)

TREASURER (DEPUTY) signature

Date