

PLAT & REPLAT "CHECK-SHEET"

The following is needed to ensure correct application procedure and timely processing of application:

OWNER'S CERTIFICATE:

Not all owner's certificates are created equal, so please make sure that the one you submit contains **ALL** of the following:

- (a) Certification of the owners of record
- (b) Legal description of property
- (c) Metes and bounds description
- (d) A list of any dedicated land
- (e) The **dated** signature of all owners

Example of Owner's Certification with Legal Description:

This is to certify that A. NAME and B. NAME husband and wife, and C. NAME and D. NAME, husband and wife, are the record owners of the real property described herein and have caused the same to be replatted into lots, the same to be known as a replat of lots X and Y plat of the south half of the south half of Section CC, Township DD North, Range 3 West, Boise Meridian

Beginning at the northwest corner of said lot K, said point being the initial point, thence south 99'9'99' west a distance of 999.99 feet, thence north

NOTARIAL

Notarized statement attesting to the authenticity of the owner(s) signatures as follows:

ACKNOWLEDGMENT

State of _____)
County of _____) SS

On this ___ day of _____, 20___, before me personally appeared (NAME), known or identified to me (or proved to me on the oath of _____) to be the individual whose name is subscribed to the foregoing instrument, and acknowledged execution of said instrument, I have hereunto set my hand and seal the date last written above.

NOTARY PUBLIC

NOTARY PUBLIC FOR THE STATE OF _____
RESIDING AT _____
MY COMMISSION EXPIRES: _____

SURVEYOR'S CERTIFICATE

Signature of surveyor which is dated *and* stamped:

I, (Surveyor's name and License #), hereby certify that this plat was prepared under my direction and is based on an actual survey in the (direction) quarter of Section (#) Township (#) (direction), Range (#) (direction), (location), Bonner County, Idaho, and that all distances, courses, and angles are shown correctly thereon and that the monuments have been placed and all lot corners properly set and the survey is in compliance with all provisions of applicable state laws and local ordinances.

Dated this _____ day of _____, 20_____

Surveyor

COUNTY SURVEYOR'S CERTIFICATE

Signature of County Surveyor which is dated *and* stamped

I hereby certify that I have examined the herein plat of (NAME) and checked the plat and computations thereon and have determined that the requirements of the Idaho State Code pertaining to plats and surveys have been met.

Dated this _____ day of _____, 20_____

Bonner County Surveyor

RECORDER'S CERTIFICATE

Filing date and signature line for County Recorder as follows:

Filed this _____ day of _____, 20_____ at _____ m, in Book _____ of Plats at Page _____ at the request of . _____

Instrument No. _____ County Recorder _____

PANHANDLE HEALTH DISTRICT #1

Sanitary restrictions as required by Idaho Code, Title 50, Chapter 13 have been satisfied based on DEQ review and approval for the design plans and specifications and the conditions imposed on the developer for continued satisfaction of sanitary restrictions water and sewer line have been completed and services certified as available. Sanitary restrictions may be reimposed, in accordance with Section 50-1326, Idaho Code, by the issuance of a certificate of disapproval.

Date

Panhandle Health District 1

APPROVAL OF THE CITY OF SANDPOINT:

Short Plat:

I, _____, Mayor of the City of Sandpoint, Bonner County, Idaho, do hereby certify that this plat of (NAME OF PLAT) has been examined and approved this ____ day of _____, 20 _____.

Full Subdivision:

I, _____, Mayor of the City of Sandpoint, Bonner County, Idaho, do hereby certify that this plat of (NAME OF PLAT) has been examined and approved by the City Council. Dated this ____ day of _____, 20 ____ .”

Mayor

City Clerk

DIRECTOR OF PUBLIC WORKS

Date and signature line as follows:

This plat has been examined and approved this ____ day of _____, 20____.

Director of Public Works - City Engineer

PLANNING DIRECTOR

Date and signature line as follows:

This plat has been examined for conformance to the zoning and subdivision codes and approved this ____ day of _____, 20 _____.

Planning Director

WATER & SEWER SERVICE NOTE

Any pertinent notes relating to water and sewer service as follows:

Water Service: City of Sandpoint Municipal Water System
Sewer Service: City of Sandpoint Municipal Sewer System

COUNTY TREASURER’S AFFIDAVIT

Date and signature line indicating to what year the taxes are paid in full as follows:

I hereby certify that the required taxes on the above-described property have been fully paid up to and including the year 20 _____.

Approved this ____ day of _____, 20____.

Bonner County Treasurer

INDEPENDENT HIGHWAY DISTRICT

The foregoing plat was accepted and approved by the board of Independent Highway District Commissioners on the ____ day of _____, 20__.

Independent Highway District