

# 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 ben 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**

A sanitary restriction according to Idaho Code 50-1326 to 50-1329 is imposed on this plat, no building, dwelling, or shelter shall be erected until sanitary restriction requirements are satisfied and lifted.

This plat is approved, dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Panhandle Health District 1

Sanitary restriction satisfied and lifted this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
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