

# BUHL HIGHWAY DISTRICT LAND SPLIT APPLICATION

BHD-04  
REV Oct 2024  
Page 1 of 1

## SECTION I - APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

I certify that I am the owner (or authorized representative of the owner) of the property proposed to be split.

PROPERTY OWNER	SIGNATURE OF APPLICANT/REPRESENTATIVE	DATE
ADDRESS OF PROPERTY OWNER	PHONE (CELL NUMBER PREFERRED)	
CITY	STATE	ZIP
EMAIL ADDRESS		

<b>ROAD NAME:</b>	<b>BETWEEN:</b> _____ & _____ <i>FIRST CROSS ROAD</i> <i>SECOND CROSS ROAD</i>	
<b>LOCATION:</b>		
<b>PARCEL NUMBER(S) AFFECTED:</b>		
<b>SIDE OF ROAD:</b> <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	<b>TOTAL NUMBER OF:</b> New Lots: _____ New Access Points: _____ Existing Access Points: _____	<b>PLATTED SUBDIVISION?</b> <input type="checkbox"/> No (attach a sketch of the proposed land split) <input type="checkbox"/> Yes (submit Conceptual Plan prepared by an Engineer)

**\* Provide a non-approved copy of your application from Twin Falls County P&Z**

## SECTION II - WORKSHEET/RECOMMENDATION (TO BE COMPLETED BY HIGHWAY DISTRICT)

ROAD NO. _____	POSTED SPEED LIMIT: _____ mph
ROAD SURFACE: <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt	SIGHT DISTANCE: <input type="checkbox"/> Sufficient <input type="checkbox"/> Insufficient
SHARED ACCESS: <input type="checkbox"/> Yes <input type="checkbox"/> No	TRAFFIC VOLUME: : <input type="checkbox"/> High <input type="checkbox"/> Low
CULVERTS REQUIRED: <input type="checkbox"/> Yes <input type="checkbox"/> No	FUNCTIONAL CLASSIFICATION: <input type="checkbox"/> Arterial <input type="checkbox"/> Collector <input type="checkbox"/> Other

ADDITIONAL REMARKS/CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS LAND SPLIT IS:

Recommended for approval,  
subject to the above conditions

Not recommended

\_\_\_\_\_  
SIGNATURE-HIGHWAY DISTRICT OFFICIAL

\_\_\_\_\_  
DATE