

WANDA IRISH
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City Clerk
MARY RIBERICH
Deputy City Clerk/ Treasurer



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JOE CORNELL
WILL BUTLER
CHARLIE SHUTT
JOHN GRAY

CITY OF HARRISON VOLUNTARY LOT MERGER APPLICATION

Property Address:

Owner's Name:

Mailing Address:

Phone Number:

The undersigned certify that I/we are owners of real property located in the City of Harrison, Kootenai County, State of Idaho that is legally described as:

Lot ____ Block ____ of ____; Book ____, Page ____, Tax ID # ____
Lot ____ Block ____ of ____; Book ____, Page ____, Tax ID # ____
Lot ____ Block ____ of ____; Book ____, Page ____, Tax ID # ____
Lot ____ Block ____ of ____; Book ____, Page ____, Tax ID # ____

Now, therefore, I/we hereby request that said lots be merged in accordance with City of Harrison Municipal Code 8-5-1 and agree and covenant with the City of Harrison that upon approval of this voluntary lot merger application, the legally described real property will be held as one parcel and that no portion will be sold separately. This covenant and agreement will run with all of the above-described land and will be binding upon ourselves and our successors, heirs, or assignees and will continue to be in effect unless released by the City Council for the City of Harrison after compliance with the city's subdivision regulations.

We have attached:

- (A) A current title report (within 6 months) showing the true legal description for the property, proof of ownership, any other persons with an ownership or property interest in the lots to be merged, and any easements of record, including dedicated easements for roads, ingress and egress, utilities or for any other purpose of record.
- (B) A copy of the original and any amended plat map showing the parcels to be merged.

We agree to pay the non-refundable application fee for the processing of this lot merger application at the time of the filing of the application. We also agree to pay for all direct costs associated with processing this application including but not limited legal or technical review and the preparation of any necessary reports and findings. We understand that if we fail to pay these costs on a timely basis, the City may suspend or if deemed appropriate, terminate the processing of this application.

Property Owner(s) Signature:

Signed and dated this ____ day of _____, 2025.

SIGNATURE MUST BE NOTARIZED

STATE OF IDAHO)
) ss.
County of Kootenai)

On _____ (date) before me, the undersigned, a notary public in and for Idaho personally appeared _____ known or identified to me to be the person(s) whose name(s) is/are subscribed to the written instrument and acknowledged to me that he/she/they executed the same and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public in and for Idaho
Residing at:
Commission expires:

FOR STAFF USE ONLY

- ☐ Voluntary Lot Merger Application (completed, signed and notarized)
- ☐ Processing Fee – see current fee list
- ☐ Current Title Report
- ☐ Copy of original and any amended plat map

Reviewed by: _____

Date: _____