#### **SUBMITTALS**

An annexation request is made by submitting the following information to the City Clerk:

- 1. The completed attached form;
- 2. A Record of Survey conforming to State requirements (see attached), and Legal Description of the property for which annexation is requested (please see attached examples). After City Council approval of these documents, and of the annexation, (7) additional copies will be required.
- 3. A letter addressed to the Mayor and Council stating that you are requesting annexation into the City of Harrison and that you understand that there are annexation fees and an annexation agreement that will be negotiated. Please note that a mutually acceptable annexation agreement must be negotiated and executed within six months from the date of City Council approval of the zoning designation or any previous approvals will be null and void;
- 4. An owners' list prepared by a title insurance company, listing the addresses of all property owners within 300 feet from the external boundaries of the property described in the application, and the property owners within the property described in the application, The list shall be prepared using the last known name and address of such owners as shown on the latest adopted tax roll of the county;
- 5. A resident's list prepared by the applicant, listing the addresses of all residential property  $\sim$  that is not owner-occupied, lying within 300 feet from the external boundaries of the property described in the application, and which are within the property described in the application, and
- 6. A \$325.00 processing fee (payable to the City of Harrison).

Received:	City Clerk:	Date:
Received:	Planning:	Date:
Accepted:	Planning	Date:

Please type or print the following required information:
APPLICANT:
Name of Applicant:
Mailing Address:
Telephone Number:
Filing Capacity:
1. Recorded property owner as of
Name: Mailing Address:
Telephone Number:  PRE- APPLICATION CONFERENCE REQUIRED
It is now a requirement to attend a pre-application conference. Please indicate the date when that conference took place:
ZONING DESIGNATION In order to annex property, the City Council must classify the property within the city zoning classification system.
Existing County Zoning:

Proj	oposed City Zoning:	_
Pro	OMPREHENSIVE PLAN DESIGNATION operty not currently located within the City Planning Area must receive a Consignation along with the new zoning classification.	nprehensive Plan
Exi	isting Comprehensive Plan:	(County)
Pro	pposed Comprehensive Plan:	(City)
PR	OPERTY:	
1. <i>A</i>	Attach a Record of Survey for the property showing:	
link	Bearings and distances for the exterior boundaries of the request, including kages needed for contiguity, such as roadways, water or other land; The existing city limits;	ding any
c. T	The proposed city limits;	
d. T	The city limits of other nearby cities, when appropriate;	
	A narrative description of the property boundaries taken from the Recorvey.	rd of
Ple	ease contact the City Clerk for assistance if you have any questions.	
2.	Size of area involved: <u>acres, and/or,</u>	sq.ft.
3.	Total length of streets included: ft., and/or	miles.
4.	Total number of lots included:	
5.	Average lot size included:	
6.	Existing land use:	
7.	Existing addresses: (if fewer than 10):	
CE	ERTIFICATION FOR ADDRESS LISTS OWNERSHIP LIST	
des	tached is a listing of the addresses of all property owners within)3 00 fescribed under "Submittals".	-
The	e list was compiled by on	

	(title company	)	(date)	
RESIDENTS LIST				
Attached is a listing of the a of this request as described	ddresses of all resi under "Submittals	idences th	nat are not owner	-occupied within)3 00 fee
The list was compiled by		(name)	on	(date)
JUSTIFICATION				
Please use this space to sta Appropriate Comprehens				
NOTIFICATION OF AD	DITIONAL FEE	4 <b>S.</b>		
Preperation of certain doc	cuments necessar	y to obta	in Final Plat ap	pproval, if prepared by
the City Attorney, will be	billed to the app	licant.		

### **APPLICATION CERTIFICATION**

being duly sworn, attests that (applicant) he/she is the appl of this request and knows the contents thereof to be true to his/her knowledge.					
of this request and knows the contents thereof to be true to his/her knowledge.					
	Signed				
	(Applicant)				
Notary to complete this section:	*				
	Subscribed and sworn to before me this				
	Day of2025				
	Notary Public for Idaho				
	Residing at: My commission expires:				
	My commission expires:				
CERTIFICATION OF OWNER:	(if different from Applicant)				
CERTIFICATION OF OWNER.	(ii different from Applicant)				
I have read and consent to the fi being considered in this applicat	iling of this application as the owner of record of the areation.				
Name:					
Address:					
Address: Telephone No.:					