



Benewah County Planning & Zoning

701 W College Ave, Ste 101 | St Maries, ID 83861

208-245-4122

Petition to Validate Road or Right of Way

Application Fee \$ 750.00

Date Received: _____

Petitioner's Name: _____

Date: _____

Address: _____

Street

City

State

Zip

Phone: _____

Email: _____

Filing Capacity: ☐ Recorded Owner (as of _____) ☐ Purchasing (under contract as of _____)

☐ Authorized Agent of either of the above ☐ Representative for multiple owners

Validation Description

☐ Right of Way ☐ Easement ☐ Street ☐ Alley ☐ Other: _____

Road Name: _____

Section: _____ Township: _____ Range: _____

Total Mileage: _____ Start Point: _____ End Point: _____

Reason for Proposed Validation:

Names of owners, parcel numbers, and mailing addresses of adjacent real property:

Parcel numbers can be found online: <https://maps.idahoparcels.us/geomoose/desktop/benewah.html>

Name: _____ Parcel #: RP _____

Mailing Address: _____

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Mailing Address: _____

Name: _____ Parcel #: RP _____

Mailing Address: _____

Name: _____ Parcel #: RP _____

Mailing Address: _____

Yes No Unknown

☐☐☐

Are there sewer, water, gas, electrical, other utility, or any other easements located within the area to be vacated?

Provide a vicinity map showing general area of requested validation and boundaries

Can be found online at: <https://maps.idahoparcels.us/geomoose/desktop/benewah.html>

Attach the following:

- Current onsite pictures of requested validation area
- Copies of Deeds for all adjacent property owners of record (*Auditor's Office*)
- List of all property owners of land abutting this portion of road or right of way to be validated (*Assessor's Office*)

Date Prepared: _____

Prepared by:

☐

Owner

☐

Title Company _____

☐

Other _____

For multiple owners/applicants please complete additional signature sections for each.

I, _____ (applicant), being duly sworn, attests that he/she is the applicant of this request and knows the contents thereof to be true to his/her knowledge.

Signed: _____
(applicant)

Notary to complete this section for application:

Subscribed and sworn to me before this _____ day of _____, 20____

Notary Public for Idaho Residing at: _____

My commission expires: _____

Signed: _____
(notary)

I, _____ (applicant), being duly sworn, attests that he/she is the applicant of this request and knows the contents thereof to be true to his/her knowledge.

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