



April 29, 2020

Via email

TO:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Panhandle Health District | <input checked="" type="checkbox"/> Independent Highway District |
| <input checked="" type="checkbox"/> City of Dover sewer service | <input checked="" type="checkbox"/> Idaho DEQ |
| <input checked="" type="checkbox"/> Selkirk Fire District | <input checked="" type="checkbox"/> City Engineers |
| <input checked="" type="checkbox"/> City of Dover water service | <input checked="" type="checkbox"/> City of Sandpoint |
| <input checked="" type="checkbox"/> Lake Pend Oreille School District | |
| <input checked="" type="checkbox"/> Syringa Heights Water District | |
| <input checked="" type="checkbox"/> Avista Corp. | |
| <input type="checkbox"/> Idaho Dept. of Transportation | |

FROM: Clare Marley, AICP, City Planner

SUBJECT: Preliminary Plat Application, Orchard Ridge Estates, File #SUB006-19

The attached application has been submitted to the City of Dover for consideration. The applicant is requesting preliminary plat approval for a 5-lot residential subdivision to be located on Syringa Heights Road and Lower Syringa Road, in Section 29, Township 57N, Range 2 West. The site is zoned Suburban; lots range in size from 1 to 2.28 acres. Please review the application relative to your agency's area of expertise and include any recommended conditions of approval.

Please specify in writing if additional information is requested by your agency prior to City staff scheduling this project for public hearing. This request for additional information will be forwarded to the project applicant and project representative for their response. Please reference the project name and file number in your response.

Please respond by **May 21, 2020**. If no response is provided, staff will conclude your agency has no objections to the project or recommended conditions.

If you have no comment or response, you may indicate below and return this form to the City as soon as possible to speed processing time. Thank you for your assistance.

NO COMMENT _____
Agency Name, Initials of Agency Representative Date

c: Applicant, Applicant's Representatives
City of Dover