



ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

520 E 2nd South – Mountain Home, ID 83647 – (208) 587-2142

www.elmorecounty.org

Application for Administrative Decision

Date: _____

Property Owner Name: _____

Property Address: _____

Applicant Name (if different than property owner): _____

Applicant Address (if different than property owner): _____

Email address(s) _____

Parcel number: _____

Zoning: _____

Overlay District or zone (if applicable): _____

Proposed Use: (Please use addition sheet of paper if necessary) _____

Property Owner Signature: _____

Note: The Director of the Elmore County Land Use & Building Department has the authority to make an Administrative Decision under section 6-4-6 of the Elmore County Zoning and Development Ordinance. The Director of the Elmore County Land Use & Building Department has full authority to make and offer interpretations of how the Zoning and Development Ordinance will be implemented and administered.

A list of all proposed uses that require an Administrative Decision are found in Chapter 8 of the Elmore County Zoning and Development Ordinance.

This application must be complete and all fees paid prior to being accepted by the Elmore County Land Use & Building Department. Fees are subject to change by resolution of the Elmore County Board of Commissioners. The Director may request additional information or approval from various agencies.

The Elmore County Land Use & Building Department does not accept faxed applications.

Any affected party has the right to appeal this decision to the Elmore County Planning and Zoning Commission.

Agency Signatures

Central District Health (or other Sewer District) Sewer Permit (580-6003) Date

Comment: _____

Roadway Jurisdiction Project (MHHD 587-3211) (GFHD 366-7744) Initial Date

Comment: _____

Assessor's Office (Verify Legal Description OR Tax Status If Manufactured Home) (ext 247) Initial Date

Comment: _____

Fire District (MHRFD 587-8986 Tom DuCharme) (Oasis 796-2115 Jim Hobdey) Initial Date
(GFFD 366-2689/599-4010 Derek Janousek)

Comment: _____

For Administrative Use Only

File Number: ADD- _____ Fee: \$250 Date Paid: _____

Receipt Number: _____ Date Accepted: _____

By: _____ Tentative Approval Date: _____

Referral Needed: Y / N. If yes, what? _____

Final Approval/Denial Date: _____

Final Approval/Denial Signature: _____