



ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

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

Accessory Dwelling Unit Application for Administrative Decision

Date: _____

Name: _____

Address: _____

Email address (s): _____

Parcel Number: _____

Overlay District or zone (if applicable): _____

Will the ADU be a standalone building? Y / N

Will the ADU be an addition to a primary residence? Y / N

Will the ADU be an addition to an accessory structure? Y / N

Will the ADU be a conversion of an accessory structure? Y / N

Proposed location on property of the ADU: _____

Proposed ADU square feet (Max 900 sq. ft. per ordinance): _____

Description of Proposed ADU: _____

Signature: _____

Printed Name: _____

Agency Comments & Signatures

Notes for agency signatures.

1. It is recommended that applicants set up appointments with the following agencies once the application is complete with all required information.
2. Agency signature does not guarantee any future approvals.
3. Agencies may attach additional sheets of paper for comment and/or conditions if necessary.
4. Agencies may have additional comments and/or conditions at a later time.

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

Comment: _____

• Roadway Jurisdiction (MHHD 587-3211) (GFHD 366-7744) (AHD 864-2115) _____ Date _____

Comment: _____

• Fire District (MHRFD 587-2117) (Oasis 796-2115) (GFFD 366-2689) (BGRFD 834-2511) (AFD 864-2182) _____ Date _____

Comments: _____

• Assessor's Office (Verify Legal Description) (ext. 247) _____ Date _____

Comments: _____

• Treasurer's Office (Verify Tax Status) (ext. 501) _____ Date _____

Comments: _____

For Administrative Use Only

File Number: ADD- _____ Fee: \$150 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: _____