



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 Title 7 Chapter 3 section 7-3-6 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 Title 7 Chapter 2 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 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: _____