



# ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

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

## Accessory Dwelling Unit Application for Administrative Decision

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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: \_\_\_\_\_