



# ELMORE COUNTY LAND USE & BUILDING DEPARTMENT

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

[www.elmorecounty.org](http://www.elmorecounty.org)

## TOWER CO-LOCATION

Fee: \$250.00

**We are unable to accept facsimile copies.** This application must be completed in detail in **INK** and submitted to the office of the Growth and Development Department for Elmore County, Idaho.

1. Name of property owner: \_\_\_\_\_
2. Mailing address of property owner: \_\_\_\_\_
3. Site address: \_\_\_\_\_
4. Telephone numbers: \_\_\_\_\_
5. Name, address, and telephone number of applicant if different from property owner: \_\_\_\_\_  
\_\_\_\_\_
6. Name, address, and telephone number of tower owner if different from property owner/applicant: \_\_\_\_\_  
\_\_\_\_\_
7. Legal description of proposed property and site (attach plot plan with an "X" marking the site).  
Include total acreage: \_\_\_\_\_  
  
Attach at least one of the following:  Deed  Proof of Option  Earnest Money Agreement  Lease Agreement  Assessors Parcel Master Inquiry  
  
RP# \_\_\_\_\_
8. What will be added to the existing tower/site? \_\_\_\_\_  
\_\_\_\_\_
9. Will the tower height be increased?  yes  no If yes, to what height? \_\_\_\_\_
10. Will additional building(s) be added?  yes  no If yes, construction plans for additional buildings and building permits will be required. Additional buildings may require amending the Tower owner's Conditional Use Permit.
11. If additional building(s) will be added, please list the square footage and use of those building(s): \_\_\_\_\_  
\_\_\_\_\_
12. Will the building(s) have any plumbing?  yes  no Electric?  yes  no
13. Setbacks: Street Front \_\_\_\_\_ Street Side \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_
14. Signed collocation agreement with tower owner and lease agreement with property owner attached?  
 yes  no
15. Enclosed two (2) set of prints for proposed antenna.

16. a. In Floodplain  yes  no  
 (if yes, applicant provided elevation certificate form/information) (applicant's initials\_\_\_\_\_)
- b. In Airport Hazard Zone:  yes  no  
 (if yes, FAA forms provided to applicant) (applicant's initials\_\_\_\_\_)

The owner affirms the notice is completed in its entirety to include all required information and the information contained herein is true and correct.

The owner understands structures or additions to existing structures must meet setback requirements. The owner understands additional information may be necessary for a site in a floodplain or airport hazard zone. The owner understands there can be no gouging of hillsides. The owner must contact the appropriate highway district, forest service agency, or state transportation department regarding access from the road/highway to the property. The owner understands applications for state inspections (electrical, plumbing, etc.) may be required and shall obtain and submit to the state said inspection applications.

Should there be a disagreement with the Administrator's decision on the notice, a written Appeal of Administrative Decision specifying the grounds upon which the appeal is being made must be filed with the Administrator and the Planning and Zoning Commission within ten (10) days of the Administrator's decision. The appeal will be placed on the next available Planning and Zoning Commission agenda. A public hearing on the appeal will be required. Owner/Applicant will be responsible for any fees and charges associated with the public hearing.

_____ Signature of property owner	_____ Signature of applicant
Date_____	Date_____

----- (AREA BELOW TO BE COMPLETED BY OFFICE) -----  
 --

1. Current Zoning and District:\_\_\_\_\_
2. Required setbacks: Street Front\_\_\_\_\_ Street Side\_\_\_\_\_ Side\_\_\_\_\_ Rear\_\_\_\_\_
3. a. In Floodplain  yes  no  
 (if yes, applicant provided elevation certificate form/information) (applicant's initials\_\_\_\_\_)
- b. In Airport Hazard Zone:  yes  no  
 (if yes, FAA forms provided to applicant) (applicant's initials\_\_\_\_\_)

**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: \_\_\_\_\_

Approval of Director \_\_\_\_\_ Date \_\_\_\_\_

Approval of Building Official \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE USE ONLY**

Date: \_\_\_\_\_ Accepted by \_\_\_\_\_ FEE: \$250.00

Fee \$ \_\_\_\_\_ (  Pd ) Receipt # \_\_\_\_\_

Case# ADD- \_\_\_\_\_