



ELMORE COUNTY ZONING PERMIT APPLICATION
Zoning Permit Fee \$50.00 Plus any applicable fees.
 We are unable to accept facsimile copies. Please complete in INK.

Land Use & Building Department Only

Date Application Submitted: _____ Building Permit: _____

Accepted by: _____ Receipt #: _____

Power Release Permit: _____ Deposit: _____

Admin Reviewed: _____ Zoning Reviewed: _____ Building Reviewed: _____ Notification for Pick-up: _____

Conditions: _____

PROPERTY OWNER OF RECORD

Name: _____ **Address:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

Cell or other #: _____ **Email:** _____

Is the property owner doing the construction? Yes No

Zoning Permit Application Purpose: _____

Parcel Number RP _____

Township _____ Range _____ Section _____ Quarter _____ (and/or)

Lot _____ Block _____ Subdivision _____

Total acreage of property: _____ Current Zoning: _____

Legal lot verified by: Platted Sub Administrative Parcel Split LOI Existing Parcel in 1999

Copy of deed Yes No Assessor's Parcel Master Inquiry: Yes No

Site Address: _____

Person to notify regarding permit: _____ Contact #: _____

Is the site within the: Mountain Home Area of City Impact, Glens Ferry Area of City Impact, Community Development Overlay (CDO), Airport Overlay Zone, or an Area of Critical Concern (ACC)?

Property in Floodplain? Yes No Flood Insurance Rate Map # _____

FEMA Elevation Certificate and Flood Plain Development Application Attached Yes No

- Site Plan**, (see attachment) showing the following:
- Parcel dimensions
 - Location and setbacks of the existing buildings, proposed buildings and/or additions/alterations
 - Proposed and existing driveways, easements, and waterways;
 - Proposed and existing building heights
 - Slopes, grading and drainage
 - Wells and drain fields
 - Indicate North direction

Other Permits Required:

- Idaho State Electrical
- Idaho State Plumbing
- Highway District Approach Permit
- Central District Health Department
- Idaho Department of Water Resources
- Other _____

The owner and/or applicant affirms the following:

This application is completed in its entirety to include all required information and the information contained herein is true and correct as of the date it is received in the Land Use & Building Department

I have read the above and understand my responsibilities.

Applicant's Signature	(Required)	Date
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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
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Comment: _____

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

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

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

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