



# Cassia County Building Permit Application

Email: [blidgdept@cassia.gov](mailto:blidgdept@cassia.gov) • 1459 Overland Ave., Rm. 210, Burley, ID 83318 • Phone: 208-878-7302

Main Contact Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Site Address \_\_\_\_\_  
(Please Check)  (Actual) or  (Approximate) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Property Owner \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Contractor \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor Registration Number \_\_\_\_\_ Expires on: \_\_\_\_\_ (date)

4. Parcel Number \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Reviewed by Assessor's Office (Initials): \_\_\_\_\_ Is there a residence existing on this parcel? Yes  No

*\*For Residential Permit only: If it is marked a residence is already existing on the parcel number listed, the Zoning & Building Department will need to review and see if the parcel qualifies for construction of a residence.* Reviewed by: \_\_\_\_\_

Administrative Land Division # \_\_\_\_\_ if existing.

5. Recorded Deed Number (for new residential construction only) \_\_\_\_\_ (submit copy)

6. Septic Permit Number \_\_\_\_\_ (submit copy)

(Must be obtained from the South Central District Health - 485 22nd Street Heyburn, ID 83336 / Phone: (208) 678-8221 and submitted with application)

7. Drive Approach Permit Number \_\_\_\_\_ (submit copy)

(Please designate which entity, if any, covers the area for which the permit is sought. By signature affixed hereto, an authorized agent for designated entity acknowledges that entity has been notified of this application and that said entity may submit in writing, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

Highway District: \_\_\_\_\_

\*Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

8. Applicable Irrigation District or Canal Company \_\_\_\_\_

(Please designate which entity, if any, covers the area for which the permit is sought. By signature affixed hereto, an authorized agent for designated entity acknowledges that entity has been notified of this application and that said entity may submit in writing, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

\*Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

9. Applicable Fire District \_\_\_\_\_

(Please designate which entity, if any, covers the area for which the permit is sought. By signature affixed hereto, an authorized agent for designated entity acknowledges that entity has been notified of this application and that said entity may submit in writing, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

\*Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

10. Applicable City, if within City Limits:  Albion  Declo  Malta  Oakley

(Please designate which entity, if any, covers the area for which the permit is sought. By signature affixed hereto, an authorized agent for designated entity acknowledges that entity has been notified of this application and that said entity may submit in writing, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

\*Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

11. Use (Check One)  Residential  Commercial (Check One)  Site Built  Addition  
(Check One)  Residence  Garage  Shop  Storage  Other \_\_\_\_\_

12. Building Area: (Please enter the sq. ft., and check the boxes that apply to this application)

Main Floor \_\_\_\_\_ sq. ft. 2nd Floor \_\_\_\_\_ sq. ft.

Basement \_\_\_\_\_ sq. ft.  Finished Basement  Unfinished Basement

Garage \_\_\_\_\_ sq. ft.  Attached Garage  Unattached Garage

Deck(s) \_\_\_\_\_ sq. ft. Covered Patio / Porch \_\_\_\_\_ sq. ft.

Shop \_\_\_\_\_ sq. ft. Pre Fab or Pole Building \_\_\_\_\_ sq. ft.

Other \_\_\_\_\_ sq. ft. Describe: \_\_\_\_\_

14. Required Inspections: per International Residential Code 109.3, 109.4, 109.1.5 any other

- Site/Setbacks **IRC R109.1**
- Footings
- Foundation **IRC R109.1.1**
- Sheer Wall
- Rough Framing (*After State Electrical Rough, Plumbing Rough, HVAC Rough IRC R109.4*)
- Energy
- Wall Board
- Final

**FOR INSPECTIONS PLEASE CALL**  
**MATT: 208-312-9442 or ERNIE: 208-312-7302**

**\*PLEASE NOTE:** *If the project is not ready for inspection at the time of appointment for inspector, a fee of \$30.00 per hour (1 Hr. Minimum) will be charged.*

\*\* If a structure is **occupied** before a **final** inspection: **IRC R110.1.**

- Revoke** Certificate of Occupancy *IRC R110.5*
- Violation Penalties** *IRC R 113.4, IRC R 114.2*

15. REQUIRED SUBMITTALS: \*\* (two sets of plans that include the following are required with application) \*\*

- |  |  |
|--|--|
| <u>    </u> a. Site Plan                   | <u>    </u> e. Siding / Roof Pitch               |
| <u>    </u> b. Foundation or basement plan | <u>    </u> f. Wall Cross Section                |
| <u>    </u> c. Floor Plan                  | <u>    </u> g. Window & Door Schedule / Rescheck |
| <u>    </u> d. Elevation Plan              | <i>(Energy Code Compliance Analysis)</i>         |

16. Zoning:
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Residential Agricultural ( <b>RA</b> ) | <input type="checkbox"/> Industrial Commercial ( <b>IC</b> )     | <input type="checkbox"/> Impact Area                 |
| <input type="checkbox"/> Prime Agricultural ( <b>AP</b> )*      | <input type="checkbox"/> Agricultural Residential ( <b>AR</b> )* | <input type="checkbox"/> Multiple Use ( <b>MU</b> )* |

**\* AGRICULTURAL WAIVER must be signed, notarized and attached prior to submittal of application.**  
**FORM IS FOUND ONLINE -- <https://www.cassia.gov/county-forms-applications>**  
**AG WAIVERS, for zones listed below, are required per Cassia County Code**  
 Agricultural Residential (AR) 9-7-2 C     Multiple Use (MU) 9-7-4 E     Agricultural Prime (AP) 9-7-3 C

**Additional Information: *Separate Permits are required for Electrical, Plumbing and HVAC from the State of Idaho.***

- Idaho Department of Building Safety online: <https://dopl.idaho.gov/>
- Electrical, Plumbing & HVAC 1-208-332-4700 for inspections and Permit questions.
- This permit becomes **NULL** and **VOID** if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.
- The following conditions must be in compliance with County Code:
  - 1) Residences require a minimum one (1) acre of property. **County Code 9-4-2 (a) (b) (c).**
  - 2) A tract of land (*since 04/29/78*) cannot be divided into five (5) or more lots, unless approved as a subdivision.
  - 3) **Building set back from center of road is 54 feet.**
  - 4) For **Houses and attachments** - set back is **15 feet** from interior lot lines.
  - 5) For **Accessory buildings** - set back is **10 feet** from interior lot lines.
- A **NON-REFUNDABLE PLAN REVIEW FEE IS REQUIRED WITH APPLICATION SUBMITTAL, WHICH WILL BE APPLIED TO THE TOTAL BUILDING PERMIT FEE.**

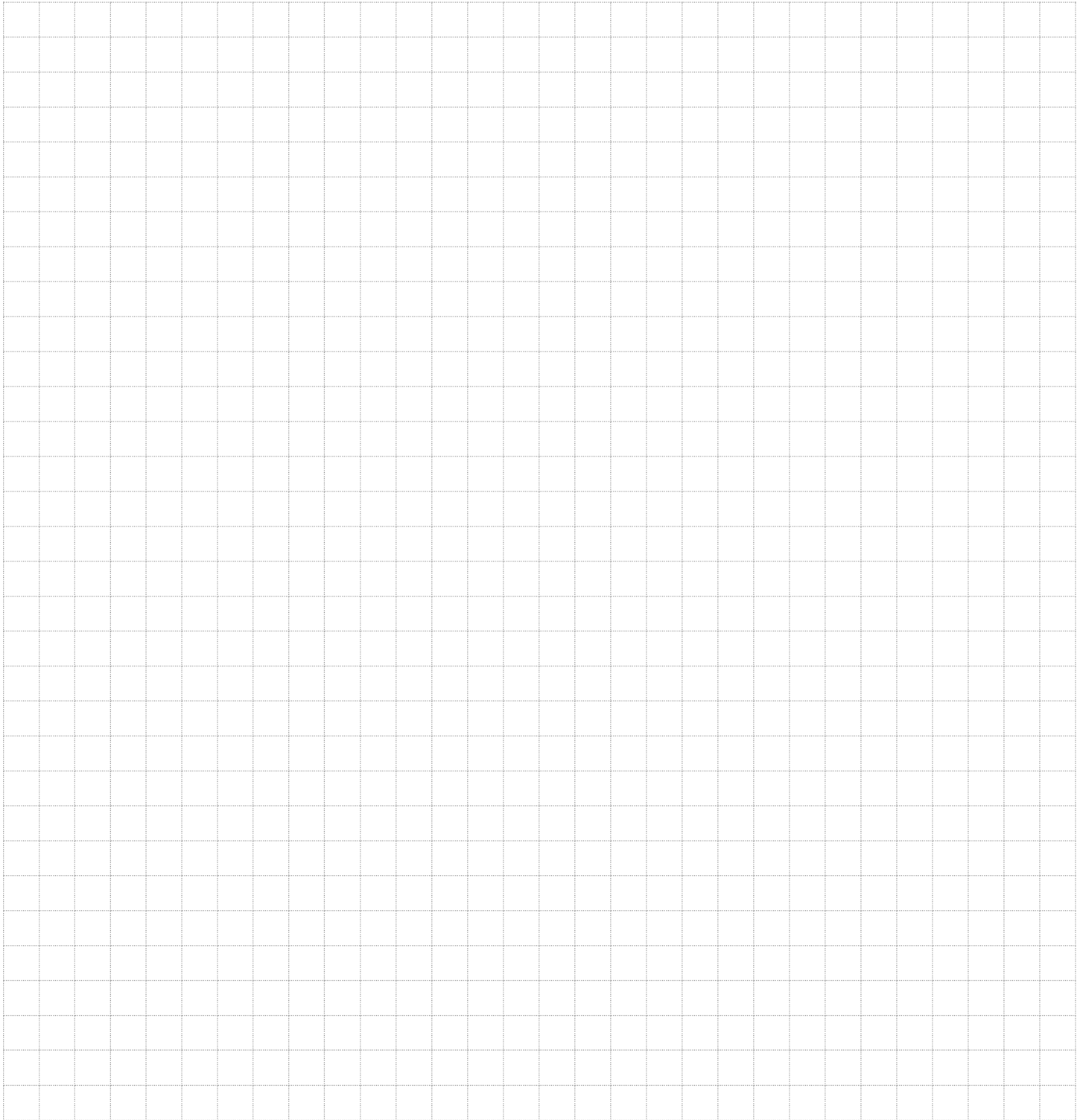
*I hereby apply for a permit to do the work stated above, acknowledge that I have read this application, and hereby certify that the above information is complete and correct. I hereby certify that all work, material, and inspections will be in accordance with state and county adopted codes and ordinances, and that approval / final inspection will be obtained from the Cassia County Zoning & Building Department, prior to use and/or occupancy of structure for which permit is sought. The information contained in this application will become a public record upon filing with Cassia County, and will be subject to disclosure. Additionally, I hereby authorize agents of the county to enter upon this subject property for purposes of determining compliance with applicable county regulations and shall fully cooperate with agents of the county in such compliance audits.*

\_\_\_\_\_  
 Signature of Property Owner                      **AND**                      Authorized Agent / Contractor                      Date

**FOR OFFICE USE ONLY**    Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_  
 Deposit Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_  Credit Card     Cash    Receipt # \_\_\_\_\_

# **PLOT MAP**

**MUST INCLUDE with Application. Indicate distance from road and interior property lines to project. One or more building corners must be tied to property line / corner.**



On the plot plan drawing you need to show the following: **As Noted above one or more building corners must be tied to property line / corner.**

<b>1. Roads: Distances from center to building. Must be at least <u>54feet</u>.</b>	<b>4. Any Easement. (Cannot Build Over Easements)</b>
<b>2. Interior Property Line Measurements – Dwelling no closer than <u>15feet</u>.</b>	<b>5. Other Structures – Distances from.</b>
<b>3. Interior Property Line Measurements – Outbuildings no closer than <u>10feet</u>.</b>	

Name: \_\_\_\_\_ Scale: 1 Square = \_\_\_\_\_ ft.

Address: \_\_\_\_\_