



Cassia County Manufactured Home Placement Permit Application

Main Contact Phone #: _____ Contact email: _____

1. **Site Address** _____
(Please Check) (Actual) or (Approximate) City _____ State _____ Zip _____

2. **Property Owner** _____
Name _____
Address _____ City _____ State _____ Zip _____ Phone _____

3. **Contractor** _____
Name _____
Address _____ City _____ State _____ Zip _____ Phone _____

Contractor Registration Number _____ **Expires** _____

4. **Parcel Number** _____ **Is there a residence existing on this parcel?** Yes No

Reviewed by Assessor's Office (initials): _____

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

Reviewed by: _____

5. **Recorded Deed Number** (if parcel number is not available) _____ (submit copy)

6. **Flood Plain Review** (by Cassia Flood Plain Manager): _____ **Flood Plain:** ___ Yes ___ No

7. **Septic Permit Number** _____ (submit copy)

(Must submitted with application Contact: South Central District Health - 485 22nd Street Heyburn, ID 83336 (208) 678-8221)

8. **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:** _____
Signature _____ Title _____
Printed Name _____ Date _____

9. **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:** _____
Signature _____ Title _____
Printed Name _____ Date _____

10. **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:** _____
Signature _____ Title _____
Printed Name _____ Date _____

11. **Applicable City, within City Limits of :** Albion Declo Malta Oakley

(Please designate correct city. 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 any comments relative to the matter for which this permit is sought.)

***Authorized Signature:** _____
Signature _____ Title _____
Printed Name _____ Date _____

___ 12. Taxes are paid in full. **Treasurer's Office Verification Signature:** _____

___ 13. **Manufactured Home Information:** Month/Date/Year of MFH: _____
 Model _____ Serial Number _____

(In accordance with Idaho Code Title 44 Chapter 25 homes manufactured prior to June 15, 1976 shall require a "Mobile Home Compliance Rehabilitation Certificate" from the Department of Building Safety prior to the issuance of a placement permit.) Rehabilitation HUD information is available at the Cassia County Building Department.

___ 14. **Installation (Check One)** Block / Tie-Down Permanent Foundation _____ sq.ft.
(additional fee required per lineal foot of foundation/cement in addition to placement fee)

(Check One) Multi-Section Fee: \$200.00 Placement Fee *(without permanent foundation)*

Single Section Fee: \$150.00 Placement Fee *(without permanent foundation)*

Inspections Required: 1. Site Setback
 2. Final Inspection

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

___ 15. **Zoning:** Burley Impact (BI) Residential Agricultural (RA) Industrial Commercial (IC)
 Agricultural Residential* (AR) Prime Agricultural* (AP) Multiple Use* (MU)

*** 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 are required for zones listed below 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: HUD Rehabilitation Packet: **Located at Division of Building Safety Website**

Online: <https://dbs.idaho.gov/wp-content/uploads/2020/11/MFG-REHAB-FORM-AND-INSTRUCTIONS.pdf>

****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 **Residences and attachments** - set back is **15 feet** from interior lot lines.
 - 5) For **Accessory buildings** - set back is **10 feet** from interior lot lines.

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 by the Cassia County 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. I hereby give specific written authorization for disclosure of such information, upon lawful request. 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 **OR** Authorized Agent/Contractor Date

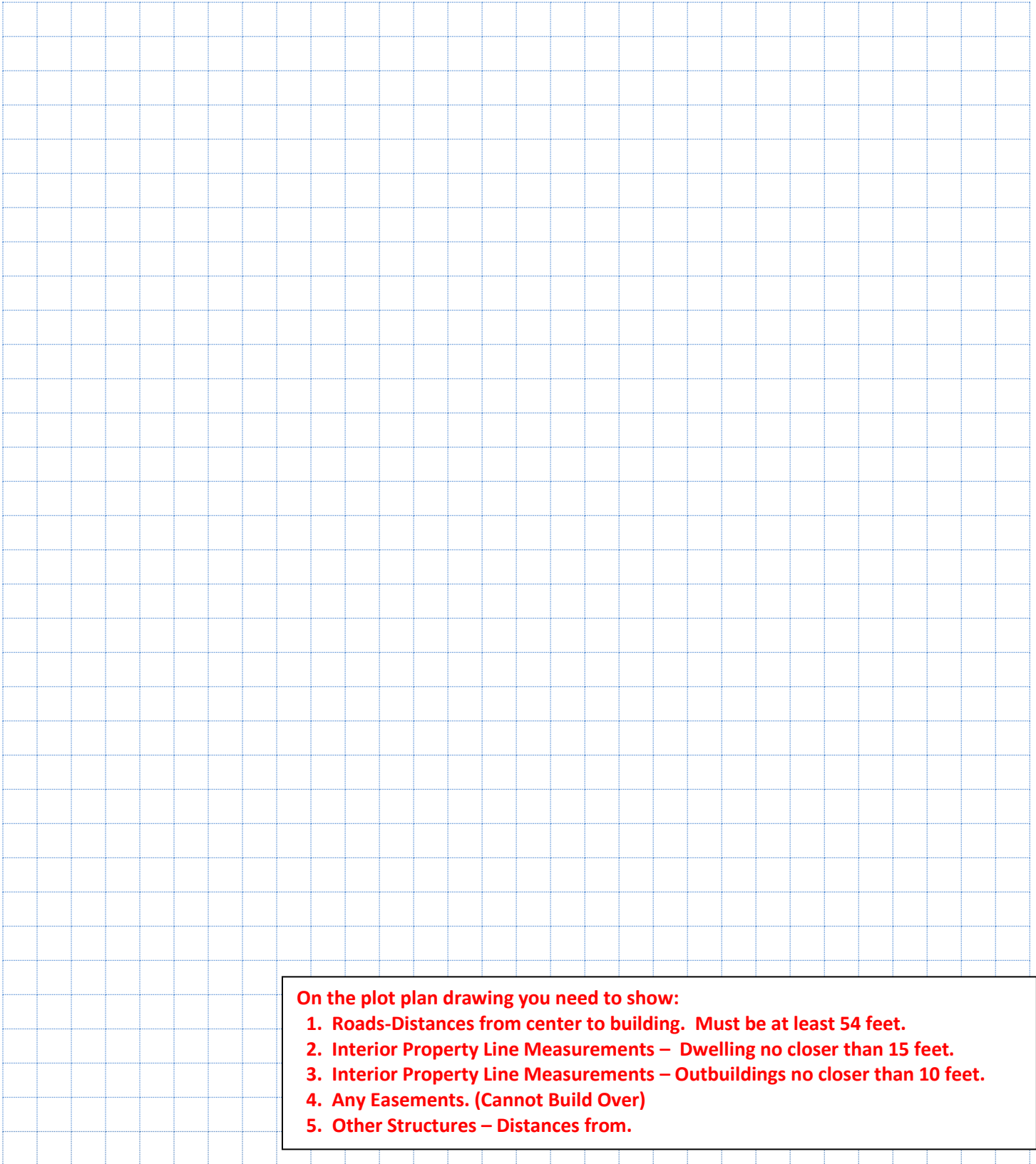
For Office Use Only Date Application Received: _____ By: _____

Deposit Received: \$ _____ Check# _____

Credit Card Cash AS400 Rcpt# _____

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:

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

NAME: _____ SCALE: 1 Square = _____ feet.

Address: _____ Indicate distance from road & interior property lines to project.



MANUFACTURED HOME PLACEMENT CHECKLIST

- A. Name of property owner: _____
- B. Parcel No. of placement: _____
- C. **Treasurer's Office:** Current year's property taxes must be paid before moving. Pursuant to Idaho Code Section 63-1014 it shall be a misdemeanor for any person, firm, or corporation to move from the county or sell or repossess any personal property or manufactured home without the payment of the current year's property taxes.
- D. **Department of Motor Vehicles:** Before moving a manufactured home, it must be registered. Pursuant to Idaho Code Section 49-422 it shall be unlawful for any manufactured home or towed recreational vehicle to be moved on any highway without first being registered.
- E. **Building Department:** Mobile Homes / Manufactured Homes:
1. **Installation Permit Required:** All mobile home/manufactured home owners must obtain an installation permit before installing a home that will be used as a residence on a building site or in a trailer park.
 2. **Installation Regulations:** Such installation shall be in accordance with the provisions of Chapter 22 of Title 33 of the Idaho Code. All mobile home installations shall include ventilated skirting around the entire home.

The following Inspections must be done by Cassia County Building Inspectors:

1. **Site Setback**
2. **Final Inspection**

Please call for Inspections: MATT – 208-312-9442 or ERNIE – 208-312-7302

3. **Construction Requirements:** All mobile/manufactured homes located or installed in the County must meet the HUD/FHA construction and safety standards. The only exception to this requirement shall be for mobile/manufactured homes which can be shown to have been assessed on the property tax rolls of the county prior to July 1, 1993.

I have read and understand what I must do before moving a manufactured building into or within Cassia County, Idaho as set forth above.

Name _____ Date _____

Witness _____ Date _____

Note: (This form shall be returned to the Cassia County Zoning and Building Department, Rm 210.)