

TWIN FALLS COUNTY

PLANNING & ZONING ADMINISTRATION

630 ADDISON AVENUE WEST, SUITE 1100; TWIN FALLS, ID 83301

TELEPHONE (208) 734-9490 FAX (208) 733-9645

MANUFACTURED HOME ON BLOCK SET

APPLICATION

PROPERTY OWNER OF RECORD

Name: _____

Address: _____

City: _____

Cell or other #: _____

Is the property owner doing the construction?

Yes or No

INSTALLER/CONTRACTOR

Name: _____

Address: _____

City: _____

Cell or other #: _____

Idaho Registration #: _____

Expiration date: _____

MH OWNER

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

PROJECT MANAGER

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

\$100 DEPOSIT DUE WHEN SUBMITTING COMPLETED APPLICATION

Inspection Deposit of 25% or \$100 (whichever is greater) & permit fee due when permit is issued.

Complete and answer ALL questions, provide the necessary comment letters, submit two (2) sets of building and site plans to scale (see attached instructions) when submitting application.

1. **Parcel No.** _____ (i.e. RP10S18E150000 or RPOK3838999100 – obtained on your tax information or from the County Assessor's Office).
2. **Copy of deed showing ownership including legal description** (obtained from the County Clerk's Office).
3. **Driving Directions:** _____

4. **Person to notify regarding the permit:** _____ **Contact #:** _____

5. **If in subdivision:** Lot: _____ Block: _____ Subdivision: _____
6. **Address of Project** (if known): _____
7. **Zone:** Rural Residential: _____ Ag Zone (40 acre zone): _____ Ag Pres (160 acres zone): _____ Commercial: _____
8. **Acreage:** _____ (if less than the acreage listed above for applicable zone, provide copy of Co. Planning and Zoning approval)
9. **Are there other structures on this parcel?** Yes or No **If yes, must be included on the site plan.**
10. **Corner lot:** Yes or No
11. **Is the parcel 100' or closer to a major waterway?** Yes or No **If yes, a FEMA Evaluation Certificate will be required before permit can be issued and another required before final inspection (for flood maps and forms go to www.fema.gov).**
12. **Is the parcel on a canyon rim?** Yes or No (setback for any structure is 100' from rim)
13. **Use of structure?** Residential: _____ Agriculture: _____ Commercial: _____ Storage: _____
If storage, type of items stored: _____
14. **Size of Manufactured Home:** Length: _____ Width: _____ Total sq/ft: _____
15. **Year Manufactured:** _____ Prior to June 15, 1976: Must meet State Standards (see dbs.idaho.gov).
16. **Manufacturer:** _____ **Model Name and No.:** _____
Vehicle Identification No.: _____
17. **Design Data:**
Roof Snow Load: _____ lbs/sf Wind: _____ mph Soil Bearing: _____ lbs/sf
Type of Pier Pads: _____ Size: _____ X _____ X
Type of Tie-downs and/or Anchors: _____
Type of Skirting: _____
Skirting Frame Material: _____
18. **Other Proposed Structures:**
Attached garage: _____ sq/ft Attached garage 2nd floor: _____ sq/ft Attached carport: _____ sq/ft
Covered patio: _____ sq/ft Covered deck: _____ sq/ft Covered entry/porch/canopy: _____ sq/ft
Estimated Value: \$ _____
Other (detailed description of work): _____

- Estimated Value:** \$ _____ **Total Sq/Ft:** _____

REQUIRED PLANS/INFORMATION TO ACCOMPANY COMPLETED APPLICATION

19. **Two (2) full sets of the following, which must be on a minimum size of 11" x 17" paper:**
- Two (2) site plans stamped by South Central District Health. (**NOTE:** Take three (3) site plans to SCDHD.)
 - Detailed construction plans for set up, tie downs, footings, foundation, steps, landings, patio, decks, etc.

(ALL CONSTRUCTION PLANS MUST BE DRAWN TO NOT LESS THAN 1/8" = 1'0")

20. Required comment/approval letters from the following agencies:

- A. South Central District Health Department: 1020 Washington St. N. (CSI Campus) phone: 737-5918
 1. Septic Permit or comment letter for any proposed construction.
 2. Two (2) sets of stamped/approved site plans.

- B. Highway District approach permit/approval from applicable district:
- | | | |
|-------------------------------|-------------------------------|-----------------|
| Buhl Hwy. District | 1500 West Main St. | phone: 543-4298 |
| Filer Hwy. District | 220 Midway St. | phone: 326-4415 |
| Murtaugh Hwy. District | 108 Archer | phone: 432-5469 |
| Twin Falls Hwy. District | 2620 Kimberly Road | phone: 733-4062 |
| Idaho Dept. of Transportation | 216 S. Date St., Shoshone, ID | phone: 886-7800 |

- C. Canal Company/or water district approval from applicable district:
- | | | |
|---|--------------------------------|-----------------|
| Milner Irrigation District | 5294 East 3610 North | phone: 432-5560 |
| Twin Falls Canal Company | 357 6 th Avenue W | phone: 733-6731 |
| Salmon River Canal Company | 2700 Hwy 93 | phone: 655-4220 |
| Dept. of Water Resources
(for Rock Creek Water District) | 650 Addison Ave. W., Suite 500 | phone: 736-3033 |

- D. Fire District comment/approval from applicable district:
- | | | |
|--|----------------------------|--------------------------------|
| Bliss Fire Department | 120 Hwy 30 | phone: 358-1520 |
| Buhl Fire Department | 201 Broadway Ave. N | phone: 543-5664 |
| Castleford Fire Department | 3590 North 900 East | phone: 539-0868 |
| Filer Rural Fire District | 300 Main St. | phone: 326-4353 |
| Rock Creek Rural Fire District
(Murtaugh, Kimberly, Hansen) | 1559 Main St. N., Kimberly | phone: 423-4336 |
| Salmon Tract Rural Fire Protection Dist. | 2411 E 2450 N | phone: 655-4222 or
404-3237 |
| Twin Falls Rural Fire District | 345 2 nd Ave. E | phone: 735-7232 |

**PRIOR TO FIRST INSPECTION
 PROPERTY ADDRESS MUST BE POSTED AT PUBLIC ROADWAY**

I hereby apply for a permit to do work stated above, and acknowledge that I have read this application and hereby certify that the above information is complete and correct and, as the applicant, I accept the responsibility to insure that all work, material and inspections will be in accordance with State and County adopted codes, ordinances, and Building Dept. inspections prior to use or occupancy.

 Signature of Owner

 Date

 Signature of Applicant

 Date

Office Use Only: Plans Reviewed by: _____
 Zoning Approved by: _____

Plans Approved by: _____
 Notification to pick up: _____

SITE PLAN INSTRUCTIONS

- A. The site plan must be a Mechanical Drawing drawn with descriptive precision using the aid of drafting implements such as ruler, T squares, compasses, French Curves, etc. May be drawn either by hand or computer generated.
- B. Must be to scale using an accurate drawing scale (for example: "1 in. = 10 ft.", "1 in. = 100 ft." etc.) and on a minimum of 11" x 17" paper. Should additional sheets be needed, please use match points.
- C. Show the boundaries of the parcel, including the dimensions (found on the survey).
- D. Show the location and dimensions of all existing buildings and structures.
- E. Show the location of the proposed project or division, including the structure dimensions and distances to property lines and existing buildings and structures.
- F. Show the location of all proposed and existing utilities, including power, phone, water, sewer systems, reserve drainfields, etc.
- G. Show the location and dimensions of all existing and proposed roads, driveways, parking areas, rights-of-ways, and easements.
- H. Show the location of any distinguishing physical features located on or adjacent to the property, including, but not limited to: streams, culverts, drainage ways, wetlands, slopes, bluffs, etc.
- I. If you have questions regarding these instructions, please see the example provided below. If you have questions not covered in the example, please call (208) 734-9490, for assistance.

EXAMPLE SITE PLAN ---

Site plan must be computer-generated, to scale, and on a minimum of 11" x 17" paper.

