



Cassia County Building Permit Application

Main Contact Phone #: _____

1. Site Address _____
(Actual) or (Approximate) (please circle) City State Zip

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

3. Contractor _____
Name _____ Phone _____
Address City State Zip
Contractor Registration Number _____ Expires _____

4. Parcel Number _____ Needs split yes no # Splits Available _____
(Must be verified, reviewed and obtained from the County Assessor's Office, 203 E 15th, Burley, ID, Phone: 878-3540 As per Cassia County Code 9-8-2)
Split Sheet # _____ Reviewed by: _____
(If Applicable - Parcel Split Sheet must be attached) (Assessor's Office Verification Signature)

5. Septic Permit Number _____ (submit copy)
(Must be obtained from the South Central District Health 2311 Parke Ave, Burley ID, 678-8221)

6. Drive Approach Permit Number _____ (submit copy)
(Must be obtained from the applicable Highway District-- **The designated entity shall submit in writing**, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

7. Applicable Irrigation District or Canal Company _____
(Please designate which entity, if any, covers the area for which the permit is sought. **The designated entity shall submit in writing**, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

8. Applicable Fire District _____
(Please designate which entity, if any, covers the area for which the permit is sought. **The designated entity shall submit in writing**, indicating its review of the proposal and comments relative to the matter for which permit is sought.)

9. USE (**Check one**) Residential Commercial Agriculture
(**Check one**) Residence Garage Shop Storage Other _____
(**Check one**) Site built Addition Remodel Manufactured Home**

**Manufactured Home Information: Year _____ Model _____

Serial Number _____ Foundation: Block/Tie Down Permanent

Dimensions _____ Multi-Section Single Section

ADVISORY NOTE: You will need to contact the Assessor's Office - Motor Vehicle Dept. at 878-3540 for any temporary licensing and registration for moving a Manufactured Home on a public highway; also you will need to contact the Treasurer's office at 878-7202 to verify that current property tax on the home has been paid.

10. BUILDING AREA:
Main floor _____ sq. ft.
2nd floor _____ sq. ft.
Basement _____ sq. ft. Finished Unfinished Basement
Garage _____ sq. ft. Attached Detached
Deck (s) _____ sq. ft.
Covered Patio/Porch _____ sq. ft.
Other _____ sq. ft. (please describe other)

- ___ 11. **REQUIRED SUBMITTALS** (**two copies** are to be submitted with application)
- ___ a. Site plan
 - ___ b. Foundation or basement plan
 - ___ c. Typical wall cross section
 - ___ d. Floor plan
 - ___ e. Elevation plan
 - ___ f. Siding/Roof Pitch
 - ___ g. Window and Door Schedule
 - ___ h. Rescheck (Energy Code Compliance Analysis)
 - ___ i. Copy of Septic Permit
 - ___ j. Copy of Drive Approach Permit
 - ___ k. Letter from Applicable Irrigation District or Canal Company
 - ___ l. Letter from Applicable Fire Protection District

- ___ 12. ZONING: AP AR (*Ag Waiver Must be Signed and Attached County Code: 9-7-2(c)*)
 RA Burley Impact MU IC City of ALBION DECLO MALTA OAKLEY
 (AP Agricultural Prime; AR Agricultural Residential; RA Residential Agricultural; BI **Burley Impact**; MU Multiple Use; IC Industrial Commercial)

Additional Information:

- SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING and HVAC.
Electrical 1-800-839-9239 **Plumbing and HVAC 1-800-955-3044**
- 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.
 - 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 ft.
 - 4) Houses and attachments set back is 15 ft. from interior lot lines.
 - 5) Accessory buildings set back is 5 feet from interior lot lines.
- A NON-REFUNDABLE **PLAN REVIEW DEPOSIT** OF **\$200.00** FOR A RESIDENTIAL PROJECT, OR **\$500.00** FOR A COMMERCIAL PROJECT, IS REQUIRED WITH APPLICATION SUBMITTAL, WHICH WILL BE APPLIED TO THE TOTAL BUILDING PERMIT FEE.
- FOR A **MFH** WITHOUT A CONCRETE FOUNDATION:

SINGLE SECTION	-	\$150.00 Flat Fee.
MULTI-SECTION	-	\$200.00 Flat 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 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.

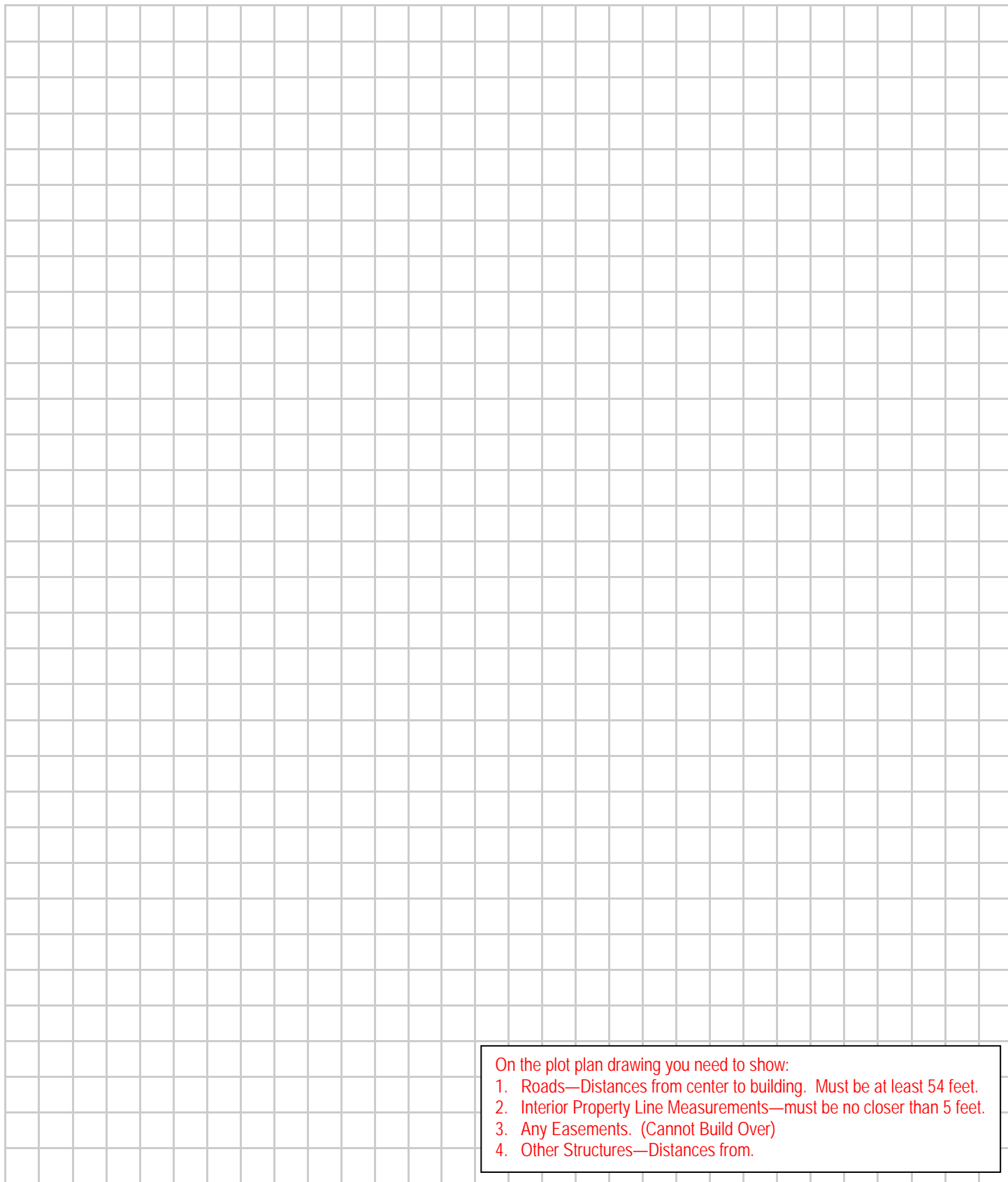
 Signature of Property Owner
OR Authorized Agent/Contractor

 Date

For Office Use Only

Date Application Received: _____	By: _____
Deposit Received: \$ _____	Check# _____ AS400 Rcpt# _____

PLOT MAP



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—must be no closer than 5 feet.
3. Any Easements. (Cannot Build Over)
4. Other Structures—Distances from.

NAME: _____

SCALE: 1 Square = _____ feet.

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