



Cassia County Accessory Dwelling Unit (ADU) Permit Application

Main Contact Phone #: _____

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 _____ Is there a residence existing on this parcel? Yes No
 Reviewed by: _____ **For Residential Permit only: If it is marked a residence is already existing on the parcel number listed, the County Administrative Office will need to review and see if the parcel qualifies for construction of a residence.*

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 Telephone: (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.)

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

10. 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 _____

11. Recorded Declaration of Restriction _____ (In accordance with Cassia County Code 9-9-4W the property owner shall file with the County Recorder a declaration of restrictions prior to the issuance of an ADU permit. A copy of the requirements needed for the declaration of restrictions is attached to this application.)

12. BUILDING AREA: Is this an existing ADU? YES NO
 Main Floor: _____ sq. ft.
 Second Floor: _____ sq. ft.
 Basement: _____ sq. ft.
 Garage: _____ sq. ft.

REQUIRED SUBMITTALS:

**** (two sets of plans that include the following are required with application) ****

- __ a. Site Plan
- __ b. Copy of Septic Permit approval
- __ c. Letter from Applicable Irrigation District or Canal Company
- __ d. Utility Services acknowledgement
- __ e. Copy of Drive Approach Permit
- __ f. Letter from Applicable Fire Protection District
- __ g. Evidence of connection to PDU well
- __ h. Showing of compliance with recording requirements for ADU's

__ 13. **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; 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 backs are 10 feet from interior lot lines.
 - 6) ADU site not less than 300 sq. ft. and not more than 1000 sq. ft.
 - 7) Only (1) ADU per lot.

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.

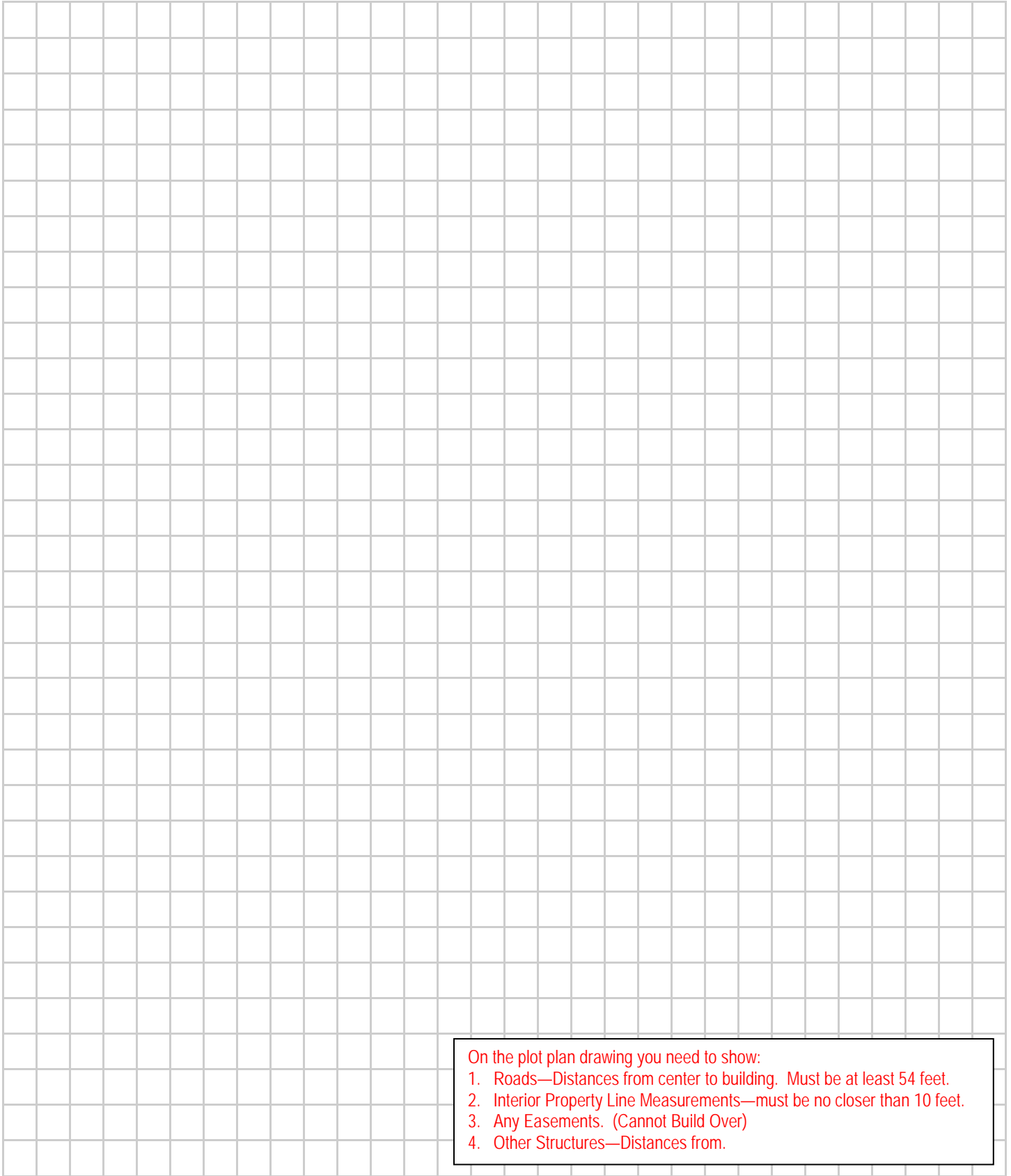
 Signature of Property Owner
OR Authorized Agent/Contractor

 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 10 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

W. Accessory Dwelling Units (ADU):

1. Purpose and Intent: It is the policy of Cassia County, Idaho to promote and encourage the creation and use of legal ADUs in a manner that enhances residential neighborhoods and helps residents meet their housing needs and realize the benefits of ADUs.
2. Definitions:
 - a. ACCESSORY DWELLING UNIT: An Accessory Dwelling Unit (hereinafter ADU) is defined as a habitable living unit added to, created within, or detached from a single-family dwelling that provides basic requirements for living, sleeping, eating, cooking, and sanitation. ADUs must be placed on permanent foundations, and must meet required standards for a declaration of real property, and then be declared real property pursuant to all requirements of Cassia County Code.
 - b. PRINCIPAL DWELLING UNIT: A Principal Dwelling Unit (hereinafter PDU) is defined as a single-family dwelling.
3. Application:
 - a. The installation of an ADU in new and existing PDUs shall be allowed in zoning districts where single-family dwelling units are permitted on individual lots, subject to specific development, design, and performance standards set out elsewhere in County code.
 - b. Before any construction occurs to create an ADU, the property owner shall obtain a building permit from the Cassia County Building Department.
 - c. Any accessory unit built after June 28, 1993, but before adoption of these ADU regulations, which lacks specific zoning authorization hereunder shall not be considered a lawful non-conforming use, unless the property owner applies for a building permit for the ADU and brings the unit up to the health and safety provisions of the minimum housing code standards. Any unit that would qualify as an ADU hereunder, but that was built before June 28, 1993, shall be considered a lawful non-conforming use. On January 1, 2014, all owners of unlawful non-conforming units who have not brought them up to the health and safety standards of minimum housing code standards will be in violation of this section and subject to fines as regulated under applicable Cassia County Code related to building permit violations.

- d. An occupancy permit must be issued by the Cassia County Building Department prior to occupancy of an accessory dwelling unit created or modified pursuant to this Section.
4. Size and Design Regulations: The following size and design criteria shall be the prevailing regulations for developing and creating ADUs, when in conflict with existing County Code:
 - a. The ADU shall contain not less than 300 square feet and not more than 1000 square feet, excluding any related garage area and other non-living areas such as workshops or greenhouses.
 - b. The ADU shall comply with all applicable height, setback, building code, and health code requirements for the zoning district in which it is located.
 - c. ADUs shall be developed only on lots meeting the minimum lot size of one (1) acre.
 - d. The ADU may be attached to, or detached from, the PDU.
 - e. Developers are encouraged to design the ADU to comply with the standards of the "Cassia County Design Guidelines for the City Of Rocks and related areas" in alteration of an existing building or construction of a new building along the City of Rocks Scenic Byway.
5. Maximum Number of ADUs per Lot: Only one (1) ADU is permitted per residentially zoned lot. If there is no PDU on the lot, there can be no ADU on the lot, by definition.
6. Utility Service, Water and Waste Handling Requirements: Each ADU must be connected to the utilities of the PDU for that lot and may not have separate utility services, or a separate well. Septic system or other waste handling system for the ADU must be approved in advance by the South Central Public Health District.
7. Home Occupations: Home occupations may be allowed, subject to existing regulations, in either the ADU or the PDU, but not both.
8. Recording Requirements: Before obtaining a building permit for an ADU, the property owner shall file with the County Recorder a declaration of restrictions containing a reference to the deed under which the property was acquired by the present owner and stating that:
 - a. The accessory dwelling unit will not be sold separately from the principal dwelling unit and shall thus remain under common ownership.
 - b. The ADU is restricted to the size of no greater than 1000 square feet.
 - c. The owner of the property shall notify a prospective buyer of the limitations of this Subsection and to provide for the removal of improvements added to convert the premises to an accessory dwelling unit and the restoration of the site to a single-family dwelling in the event that any condition of approval or siting is violated. [Ord. 2012-07-01, 07-02-2012].

ACCESSORY DWELLING UNIT DEED RESTRICTION

This Accessory Dwelling Unit Deed Restriction is assigned to and runs with Warranty Deed, recorded with Cassia County, Idaho as Instrument Number _____, said deed restrictions being made and entered into this ____ day of _____, 20__ by _____ and _____, husband and wife, for themselves, their successors, and assigns, for the benefit of the County of Cassia, State of Idaho pursuant to Cassia County Ordinance Title 9 Chapter 9.

WHEREAS, the owners own a certain parcel of real property located at _____, Cassia County, Idaho, on real property described as:

[Insert legal description of real property here.]

upon which is situated a dwelling unit in addition to the principal dwelling, which owners desire to use as an Accessory Dwelling Unit pursuant to Cassia County Code.

WHEREAS, the owners agree, accept and impose certain conditions upon the use of the Accessory Dwelling Unit under the Cassia County Code.

Now, THEREFORE, in consideration of the mutual promises and obligations contained in the Cassia County Code, owner hereby covenants and agrees as follows:

1. The Accessory Dwelling Unit on the parcel of real property herein shall not be sold separately from the principal dwelling unit and shall remain under common ownership at all times with the principal dwelling unit.
2. The Accessory Dwelling Unit shall be restricted at all times to a size of no greater than one-thousand (1000) square feet.
3. The owners of the property upon which the principal dwelling unit resides shall notify all prospective buyers of the principal dwelling unit of the limitations provided by this deed restriction, and of the limitations contained under Cassia County Code regarding this Accessory Dwelling Unit and the obligation to convert the Accessory Dwelling Unit back to a single family dwelling in the event any condition of approval for this Accessory Dwelling Unit is violated.

IN WITNESS WHEREOF, the below named execute this Accessory Dwelling Unit Deed Restriction dated this ____ day of _____, 20__.

[Name of Property Owner]

[Name of Property Owner]

STATE OF IDAHO)
 : ss.
County of Cassia)

On this ____ day of _____, in the year 20___, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me, or identified to me, to be the person whose name is subscribed to the within instrument and acknowledged to me that he each executed the same.

IN WITNESS WHEREOF, I have hereto set my hand and seal the day, month and year first in this certificate written.

[Seal]

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____

STATE OF IDAHO)
 : ss.
County of Cassia)

On this ____ day of _____, in the year 20___, before me, the undersigned, a Notary Public in and for said State, personally appeared _____ known to me, or identified to me, to be the person whose name is subscribed to the within instrument and acknowledged to me that he each executed the same.

IN WITNESS WHEREOF, I have hereto set my hand and seal the day, month and year first in this certificate written.

[Seal]

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____