



Cassia County Building Permit Application

email: bldgdept@cassiacounty.org

1459 Overland Ave., Rm. 210, Burley, ID 83318 Phone: 208-878-7302 Fax: 208-878-3510

Main Contact Phone #: _____

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 on: _____ (date)

4. Parcel Number _____ Is there a residence existing on this parcel? Yes No
Subdivision Name: _____ *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.
ALD # _____ Reviewed by: _____

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.)

***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 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. 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.
Other _____ sq. ft. Describe: _____

___ 13. REQUIRED SUBMITTALS:

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

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

- ___ 14. Zoning: Residential Agricultural (RA) Agricultural Residential (AR) Prime Agricultural (AP)
 Multiple Use (MU) Industrial Commercial (IC) Burley Impact (BI)

For Zone: Prime Agricultural (AP), Agricultural Residential (AR), and Multiple Use (MU), and **AGRICULTURAL WAIVER must be signed, notarized and attached to application per County Code 9-7-2 (c). Waiver can be found online <https://www.cassiacounty.org/county-forms-applications>*

Additional Information: Separate Permits are required for Electrical, Plumbing and HVAC.

- ✓ Idaho Department of Building Safety online: <http://dbs.idaho.gov/permits/>
- ✓ 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 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 by 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. 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

Date

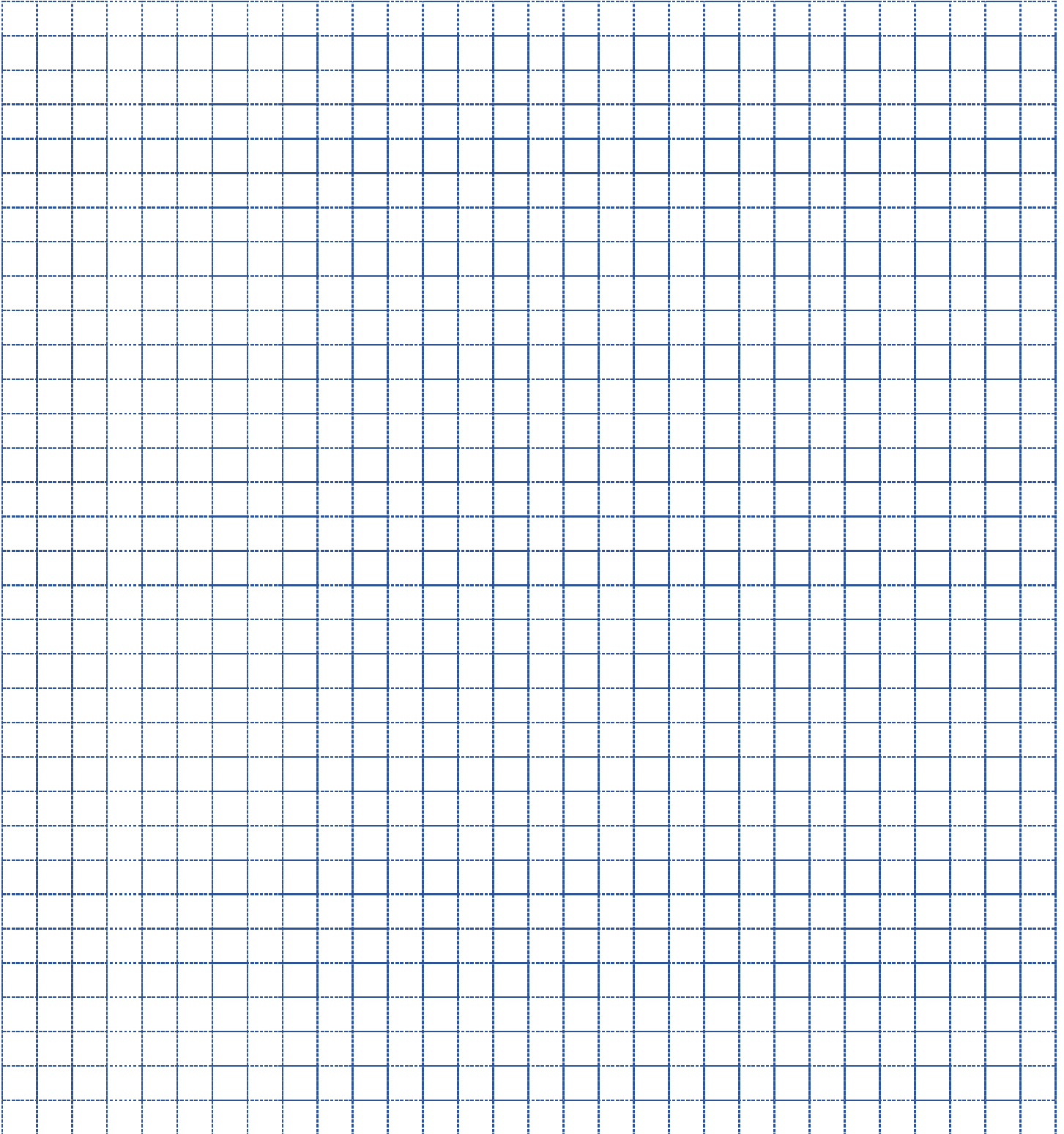
OR Authorized Agent / Contractor

FOR OFFICE USE ONLY

Date Application Received: _____ By: _____

Deposit Received: \$ _____ Check # _____ Credit Card Cash Receipt # _____

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 – Dwelling no closer than 15 feet.
3. Interior Property Line Measurements – Outbuildings no closer than 10 feet.

4. Any Easement. (Cannot Build Over Easements)
5. Other Structures –Distances from.

Name: _____

Scale: 1 Square = _____ ft.

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