



CASSIA COUNTY

MANUFACTURED/MOBILE 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: Before moving a manufactured home to any place within Cassia County it must have a placement permit.** Pursuant to Cassia County Code 11-4-1A any person, firm, or corporation desiring to place, park, or tie down a mobile, modular, or manufactured or other building in Cassia County, state of Idaho, shall first apply for a permit therefore to the building inspector and shall pay a fee for said permit. Cassia County Code Section 11-4-1C states that failure to procure the proper permit or inspections shall also result in a monetary penalty equal to one hundred percent (100%) of the permit or inspection fee being imposed in addition to the standard fee.

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.)



Cassia County Manufactured Home Placement 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 _____

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** (if parcel number is not available) _____ (submit copy)

6. **Septic Permit Number** _____ (submit copy)
(Must submitted with application Contact: South Central District Health - 485 22nd Street Heyburn, ID 83336 (208) 678-8221)

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

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

11. **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 Zoning and Building Department.

12. **Installation (Check One)** Block / Tie-Down Permanent Foundation _____
(additional fee required per lineal foot of foundation 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)**

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

* **For Zones:** Prime Agricultural (AP), Agricultural Residential (AR), and Multiple Use (MU), an **AG WAIVER** must be signed, notarized and attached to application per County Code 9-7-2(c).

Additional Information: HUD Rehabilitation Packet: **Located at Division of Building Safety Website**
Online: https://dbs.idaho.gov/Forms/mfg/MFG_REHAB_FORM_AND_INSTRUCTIONS.pdf

- Separate Permits are **required** for **ELECTRICAL, PLUMBING, and HVAC:**
Idaho Department of Building Safety ☎ 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. 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.

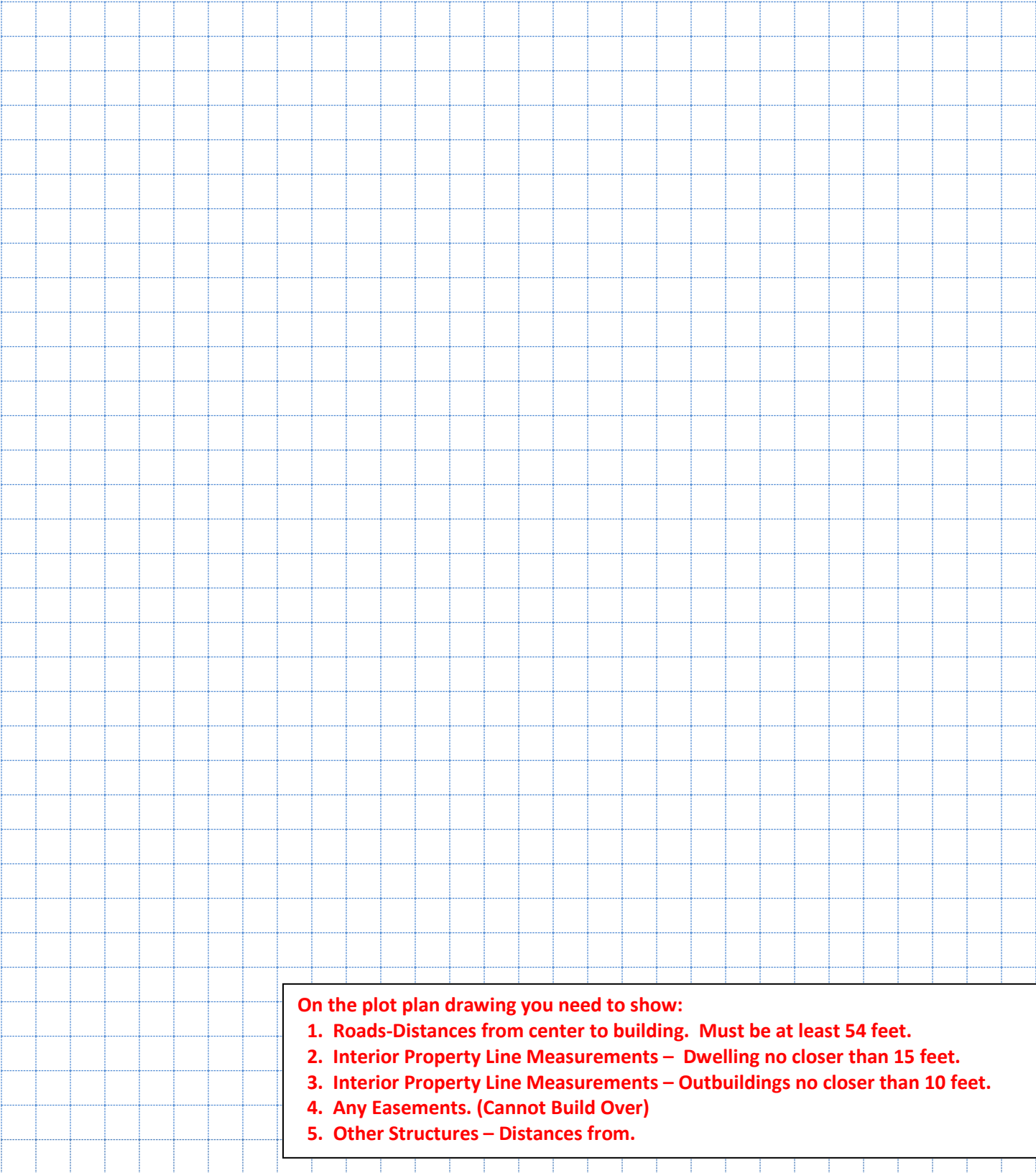
I HEREBY apply for a permit to do the work stated above, acknowledge that I have read this application, and hereby certify that the above information is complete and correct. I hereby certify that all work, material, and inspections will be in accordance with state and county adopted codes and ordinances, and that approval / final inspection will be obtained by the Cassia County Zoning and 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# _____
<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	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 – 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.