TWIN FALLS COUNTY BUILDING DEPARTMENT
630 Addison Avenue West, Suite 1101, Twin Falls, Idaho 83301
Ph. 208-933-9279 www.twinfallscounty.org

MANUFACTURED HOME ON PERMANENT FOUNDATION APPLICATION

PROPERTY OWNER OF RECORD

Name:_____

Address:_____

City:_____

Cell or other #:_____

Email: _____

Is the property owner doing the construction?

☐ Yes or ☐ No

INSTALLER/CONTRACTOR
(Required)

Name:_____

Address:_____

City:_____

Cell or other #:_____

Email: _____

Idaho Registration #:_____

Expiration date:_____

MH OWNER

Name:_____

Address:_____

City:_____

Phone:_____

Cell or other #:_____

PROJECT MANAGER

Name:_____

Address:_____

City:_____

Phone:_____

Cell or other #:_____

PLAN REVIEW FEE DUE AT TIME OF SUBMITTAL

Plan Review Fee will be 35% of the building permit fee (or $100 whichever is greater)
Building Permit Fee will be collected when the permit is Issued.

Electronic Plans in PDF format are Preferred; submit plans via email or upload to the Citizens Connect permit portal. Complete and answer ALL questions, provide the necessary comment letters.

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

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5. **If in subdivision**: Lot:_____ Block:_____ Subdivision:_____
6. **Zone**: ☐Rural Residential ☐Ag Zone ☐Ag Pres. ☐Commercial ☐Impact Area _____
7. **Acreage**:_____ (if less than the acreage allowed for applicable zone, provide copy of Co. Planning and Zoning approval)
8. **Are there other structures on this parcel?** ☐ Yes or ☐ No **If yes, must be included on the site plan.**
9. **Corner lot**: ☐ Yes or ☐ No
10. **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).
11. **Is the parcel on a canyon rim?** ☐ Yes or ☐ No (setback for any structure is 100' from rim)
12. **Use of structure?** Residential:☐_____ Agriculture:☐_____Commercial:☐_____Storage:☐_____
    If storage, type of items stored:_____
13. **Size of Manufactured Home:** Length:_____ Width:_____ Total Sq. Ft.:_____
14. **Year Manufactured:**_____ Prior to June 15, 1976: Must meet State Standards (see dbs.idaho.gov).
15. **Manufacturer:**_____ **Model Name and No.:**_____
    Vehicle Identification No.:_____
16. **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:_____
17. **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

18. **Electronic Plans in PDF format are Preferred; submit plans via email or upload to the Citizens Connect permit portal. If submitting paper plans, minimum 11"x17" size required. Plans Must be stamped by an Idaho Licensed Architect or Engineer, as appropriate, and include the following:**

a. Two (2) site plans stamped by South Central District Health (**NOTE:** Take a small site plan to SCDHD to keep.)
b. 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")

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19. **Required comment/approval letters from the following agencies:**

A. South Central District Health Department: 1020 Washington St. N. (CSI Campus) phone: 737-5900

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 6th 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 Avenue W., Suite 500	phone: 736-3033

D. Fire District comment/approval from applicable district:
(**Note:** provide total cubic feet to the Fire Districts.)

Bliss Fire Department	120 Hwy. 30	phone: 352-4320
Buhl Fire Department	201 Broadway Ave. N.	phone: 543-5664
Castleford Fire Department	3590 North 900 East	phone: 410-3928
Filer Rural Fire District	100 Hwy 30	phone: 326-4111
Hagerman Fire District	150 Salmon St East	phone: 837-4552
Rock Creek Rural Fire District (Murtaugh, Kimberly, Hansen)	1559 Main St N., Kimberly	phone: 423-4336
Salmon Tract Rural Fire Protection Dist.	2411 East 2450 North	phone: 655-4222
Twin Falls Rural Fire District	345 2nd 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 – *Must be signed by Property Owner* Date

_____ _____

Signature of Applicant Date

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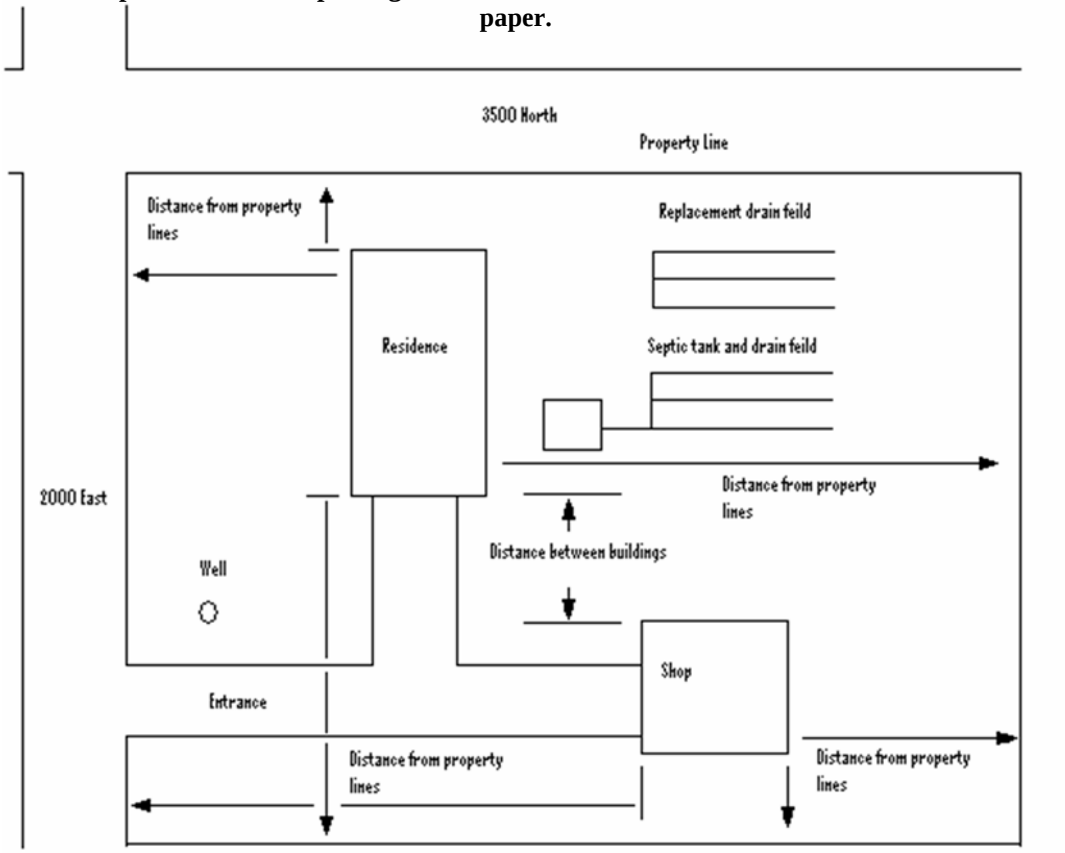
SITE PLAN INSTRUCTIONS

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.



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