

2024 Cassia County Building Permit Application Email: bldgdept@cassia.gov • 1459 Overland Ave., Rm. 210, Burley, ID 83318 • Phone: 208-878-7302

Main Conta	ct Phone #:	Phone #: Email address:												
1. Site Address														
(Please Check)	☐ (Actual) or	(Approximate)		City	State	Zip								
2. Property Owner						_								
	Name			Phone										
Address	City	State	Zip											
3. Contractor														
Address	City	State	Zip	Phone										
Contractor Registration Nur			·	n:		(date)								
_			-	·		,								
4. Parcel Number														
Reviewed by Assessor's Offic	e (Initials):	Is	there a residence	existing on this	parcel? Yes I	□ No □								
	only: If it is marked a res	•	•	-										
-	the parcel qualifies for	_		ed by:										
Administrative La	and Division #			if existing.										
5. Recorded Deed N	umber (for new resid	lential construction o	only)			(submit copy)								
6. Septic Permit Nur	nber					(submit copy)								
(Must be obtained from the South	Central District Health -	485 22nd Street Heyb	urn, ID 83336 / Phone: (208) 678-8221 and	submitted with app	lication)								
7. Drive Approach P		armit is sought Businest	are affixed barate on suther	sized agent for decima	tod antitu asknowlada	(submit copy								
been notified of this application and the														
Highway District:														
*Authorized Signature:				Title:										
Printed Name:				Date:										
8. Applicable Irrigati	on District or Can	al Company												
(Please designate which entity, if any, co been notified of this application and the														
*Authorized Signature:														
Printed Name:														
9. Applicable Fire Dis	trict													
(Please designate which entity, if any, co	overs the area for which the p													
*Authorized Signature:		g,a.oag	on of the proposal and com-	Title:	je: pe:	, 15 50 49 ,								
Printed Name:				Date:										
10. Applicable City, it	f within City Limits	s: 🗆 Albion	□ Declo □	☐ Malta ☐ (Dakley									
(Please designate which entity, if any, co	overs the area for which the p	ermit is sought. By signatu	re affixed hereto, an author	rized agent for designa	ted entity acknowledge									
*Authorized Signature:		-												
*Authorized Signature: Printed Name:														
11. Use (Check One)	Residence			e) Site Built										
(Check One)	Residence 🗀 G	arage 🗀 Shop	Li Storage Li	Other										
12. Building Area: (Pl	ease enter the sq. ft	t., and check the b	oxes that apply to t	this application)										
Main Floor	sq. ft.	2	end Floor		sq. ft.									
Basement	sq. ft.	—— □ F	inished Basement	☐ Unfinished	Basement									
Garage	sq. ft.	. — → □ A	ttached Garage	☐ Unattached	Garage									
	sq. ft.		Covered Patio / Porch											
Shop	•		re Fab or Pole Buildir	ıg	sq. π.									
Other	sq. ft.	Describe:												

14. Customer Valuation of Project:	\$	(Required)								
15. Required Inspections: per Interr □ Site/Setbacks IRC R109.1 □ Footings □ Foundation IRC R109.1.1 □ Rough Framing (After State Electr										
☐ Energy ☐ Wall Board ☐ Final		FOR INSPECTIONS PLEASE CALL MATT: 208-312-9442 or ERNIE: 208-312-7302								
	<i>Minimum)</i> will be chall inspection: <i>IRC R110</i> Dccupancy <i>IRC R110.5</i>	-								
a. Site Plan b. Foundation or basement pl c. Floor Plan d. Elevation Plan	e. s anf. V g. V	ude the following are required with application) ** Siding / Roof Pitch Vall Cross Section Window & Door Schedule / Rescheck (Energy Code Compliance Analysis)								
17. Zoning: □ Residential Agricultu⊓ Prime Agricultural (al Commercial (IC)								
* AGRICULTURAL WAIVER must be FORM IS FOUND ONLINE https://www.cas AG WAIVERS, for zones listed below, are req Agricultural Residential (AR) 9-7	ssia.gov/county-forms-a quired per Cassia County									
Additional Information: Separate Permits are required for Electrical, Plumbing and HVAC from the State of Idaho. Idaho Department of Building Safety online: https://dopl.idaho.gov/ Electrical, Plumbing & HVAC 1-208-332-4700 for inspections and Permit questions. • 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 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 from 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, and will be subject to disclosure. 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 <u>OR</u> A	Authorized Agent / Contract	or Date								
FOR OFFICE USE ONLY Deposit Received: \$	on Received: Check#	By: ☐ Credit Card ☐ Cash Receipt#								
Deposit Received: 3	CHECK #	Credit Card III Cash Receipt#								

PLOT MAP

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Address: