



MANUFACTURED 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:** Mobile Homes / Manufactured Homes:
- 1. Installation Permit Required:** All mobile home/manufactured home owners must obtain an installation permit before installing a home that will be used as a residence on a building site or in a trailer park.
 - 2. Installation Regulations:** Such installation shall be in accordance with the provisions of Chapter 22 of Title 33 of the Idaho Code. All mobile home installations shall include ventilated skirting around the entire home.
 - 3. Construction Requirements:** All mobile/manufactured homes located or installed in the County must meet the HUD/FHA construction and safety standards. The only exception to this requirement shall be for mobile/manufactured homes which can be shown to have been assessed on the property tax rolls of the county prior to July 1, 1993.

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 #: _____ Contact email: _____

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.)

Highway District: _____

*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 Building Department.

___ 12. **Installation (Check One)** ☐ **Block / Tie-Down** ☐ **Permanent Foundation** _____ sq.ft.

(additional fee required per lineal foot of foundation/cement 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)*

****Applicant Valuation of Manufactured Home:** \$ _____

___ 13. **Zoning:** ☐ **Burley Impact (BI)** ☐ **Residential Agricultural (RA)** ☐ **Industrial Commercial (IC)**

☐ **Agricultural Residential* (AR)** ☐ **Prime Agricultural* (AP)** ☐ **Multiple Use* (MU)**

* **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/wp-content/uploads/2020/11/MFG-REHAB-FORM-AND-INSTRUCTIONS.pdf>

- Separate Permits are **required** for **ELECTRICAL, PLUMBING, and HVAC:**

Idaho Department of Building Safety ☎ Electrical, Plumbing and HVAC call: 1-800-839-9239

- **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 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# _____

☐ Credit Card ☐ 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.