



# Cassia County Temporary Placement Permit Application

Main Contact Phone #: \_\_\_\_\_

1. Site Address: \_\_\_\_\_  
(Actual) or (Approximate) (please circle one) City State Zip

2. Property Owner \_\_\_\_\_  
Name Phone \_\_\_\_\_  
Address City State Zip

3. Parcel Number \_\_\_\_\_

4. Site Plan Attached (Include Vehicle approaches to the site from the public right of way and showing setbacks from property lines, roads, and other structures, etc.)

**SELECT ONE OPTION BELOW (if applicable):**

5. Structure will be connected to new sewer and water service.  
Septic Permit Number (if applicable) \_\_\_\_\_ (submit copy)  
(Must be approved, inspected by South Central District Health 2311 Parke Ave, Burley ID, 678-8221 & proof of such provided to the County Building Dept. before a Temporary Placement permit will be issued)

6. Structure will be connected to existing sewer and water service.  
(Please contact the State Plumbing inspector. The State Inspection must be completed, and proof of such provided to the County Building Dept. before Temporary Placement Permit will be issued.)

7. Structure will not be connected to any external sewer or water systems, but will only utilize self-contained systems.

I AFFIRM THAT THIS BUILDING STRUCTURE SHALL BE IN COMPLIANCE WITH ALL BUILDING SETBACK REQUIREMENTS, ROAD SETBACKS AND ANY UTILITY EASEMENTS. COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT IS THE RESPONSIBILITY OF THE OWNER AND IS NOT MONITORED BY THE COUNTY BUILDING INSPECTORS. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

**THIS PERMIT IS VALID FOR A PERIOD OF UP TO ONE YEAR (365 DAYS) FROM THE DATE OF ISSUANCE.**  
(Cassia County Code 9-9-2C)

*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 ordinance. 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

\_\_\_\_\_  
Date

**For Office Use Only**

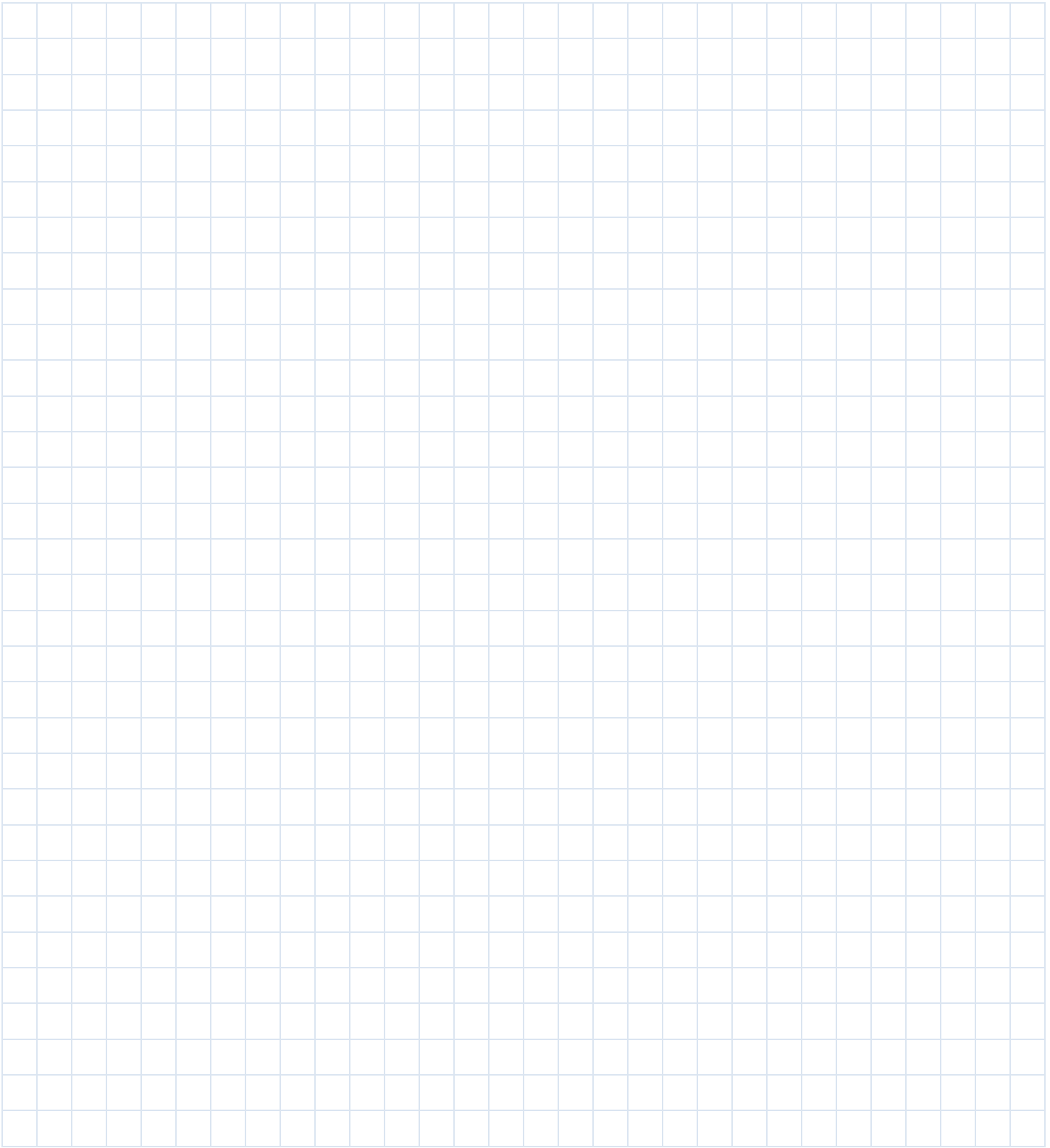
**Application Fee: \$100.00**

Rec'vd by: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash  Charge  AS400 Rcpt# \_\_\_\_\_

# PLOT MAP

Indicate distance from road and interior property lines to project.



On the plot plan drawing you need to show the following:

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: \_\_\_\_\_