



**SHOSHONE COUNTY**  
**700 BANK ST, SUITE 25, WALLACE, ID 83873**  
**PHONE: (208) 752-8891 FAX: (208) 556-5135**

**APPLICATION FOR FLOODPLAIN DEVELOPMENT PERMIT**

Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ State #: \_\_\_\_\_ Phones: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name for Inspections: \_\_\_\_\_ Phones: \_\_\_\_\_

Site Address and/or Directions \_\_\_\_\_

**A. DESCRIPTION OF WORK (COMPLETE FOR ALL WORK):**

1. Proposed Development Description:

New Building / Structure

Filling

Manufactured Home

Addition and/or Removal of Trees / Vegetation

Improvement to Existing Building

Other:

2. Size and Location of Proposed Development (attach site plan): \_\_\_\_\_

3. Purpose of Work: \_\_\_\_\_

**B. COMPLETE FOR ALTERATIONS, ADDITIONS, OR IMPROVEMENTS TO EXISTING STRUCTURES:**

1. What is the estimated market value of the existing structure? \$ \_\_\_\_\_

2. What is the cost of the proposed construction? \$ \_\_\_\_\_

3. If the cost of the proposed construction equals or exceeds 50 percent of the market value of the structure, then the substantial improvement provision shall apply.

**C. COMPLETE FOR SUBDIVISION AND PLANNED UNIT DEVELOPMENT:**

1. Will the subdivision or other development contain 50 lots or 5 acres? Yes  No

The undersigned hereby makes application for a permit to develop in a designated floodplain area. The work to be performed is described above and in attachment hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Shoshone County Floodplain Ordinance and with all other applicable local, State and Federal regulations. This application does not create liability on the part of Shoshone County or any officer or employee thereof for any flood damage that results from reliance on this application or any administrative decision made lawfully thereunder.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMINISTRATIVE**

1. Base Flood Elevation at the site: \_\_\_\_\_ feet NGVD
2. Required lowest floor elevation (including basement): \_\_\_\_\_ feet NGVD
3. Elevation to which all attendant utilities, including all heating and electrical equipment will be protected from flood damage: \_\_\_\_\_ feet NGVD
4. Is the proposed development in a Special Flood Hazard Area (**Zones A, AE, A1-A30, AH, or AO**)? Yes  No
5. Per the floodplain map, what is the zone and panel number of the area of the proposed development?  
 Zone: \_\_\_\_\_ Panel Number: \_\_\_\_\_
6. Is the proposed development in an identified floodway? Yes  No
7. If yes to #3, is a "No Rise Certification" with supporting data attached? Yes  No
8. As-Built lowest floor elevation: \_\_\_\_\_ feet NGVD
9. **Permit Approved**       **Permit Denied**       Parcel Number: \_\_\_\_\_
10. Work Inspected By: \_\_\_\_\_
11. Local Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

	Required	Received		Required	Received
Public Works			Army Corp of Engineers		
Planning & Zoning			Dept of Water Resources		
Panhandle Health			ID Fish & Game		