

**SHOSHONE COUNTY  
APPLICATION FOR PERMIT  
MANUFACTURED HOME SETTING 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 \_\_\_\_\_

Value of work: \$ \_\_\_\_\_ Floodplain  yes  no

Lot Size: \_\_\_\_\_ or #acres \_\_\_\_\_ Terrain:  flat  hillside  river  stream

Class of Work:  New  Used  
 Permanent Set  Standard Set  Move  Remove Moved From \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Size \_\_\_\_\_ Total square feet \_\_\_\_\_

# of Bedrooms \_\_\_\_\_ Septic  Community Sewer  # of Existing Structures \_\_\_\_\_

MH Parcel # \_\_\_\_\_ Serial # \_\_\_\_\_ Title # \_\_\_\_\_

**DEPOSIT REQUIRED:** Permanent set: **\$100**

**Site Plan and Setting Plans Requirements:** Site plan must show boundaries and dimensions of property, proposed and existing structures, setbacks, roads, parking, sewer/septic facilities, streams and other pertinent information. On the construction site there must be string lines in one corner of property as a reference for setback inspection. **Two** sets of setting plans are required for submittal. Setting plans will include: floor plan of manufactured home, foundation plan (concrete ribbons), and blocking plan (support piers).

I hereby state that the above information and statements I have made are correct. I agree to comply with all County Ordinances and State Laws regulating building construction.

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

**Return completed application with site plan and setting plans to:** Planning Department, 700 Bank St. Ste 25, Wallace ID 83873,  
Phone: 208-752-8891 Fax: 208-556-5135

**Office Use Below This Line**

---

Parcel # RP \_\_\_\_\_ Zone: \_\_\_\_\_ Elevation: \_\_\_\_\_ Snow Load Required: \_\_\_\_\_

Required Approval:

Planning / Zoning By: \_\_\_\_\_ Date: \_\_\_\_\_

PHD / Comm. Sewer By: \_\_\_\_\_ Date: \_\_\_\_\_

Floodplain By: \_\_\_\_\_ Zone \_\_\_\_\_ Date: \_\_\_\_\_

Building Dept. By: \_\_\_\_\_ Date: \_\_\_\_\_

Site Disturb / ICP By: \_\_\_\_\_ Date: \_\_\_\_\_

Fire District By: \_\_\_\_\_ Date: \_\_\_\_\_