

**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: _____