MANUFACTURED HOME SETTING PERMIT APPLICATION

KOOTENAI COUNTY COMMUNITY DEVELOPMENT
451 Government Way, Coeur d'Alene, ID 83814 (208) 446-1070

AGENCY USE ONLY

PERMIT #: _____

SDP #: _____

ELECTRONIC SUBMITTAL: YES: _____ NO: _____

PLEASE **COMPLETE ALL** APPLICABLE FIELDS BELOW

DESIGNATED CONTACT PERSON

NAME: _____

PHONE: _____ CELL: _____

EMAIL: _____

PARCEL INFORMATION

PARCEL #: _____ LAND AIN #: _____ MH AIN #: _____

PARCEL OWNER

MH PARK / OTHER THAN MH OWNER? YES: _____ NO: _____ IF YES, COPY OF LEASE IS REQUIRED

PARK NAME: _____ PARK SPACE #: _____

OWNER NAME: _____

MAILING ADDRESS: _____

CONTACT INFORMATION: _____

PHONE: _____ EMAIL: _____

MANUFACTURED HOME OWNER

SAME AS PARCEL OWNER? YES: ___ NO: ___ IF NO, COMPLETE THE FOLLOWING:

OWNER NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

IDAHO LICENSED MANUFACTURED HOME INSTALLER

INSTALLER INFORMATION: _____

MAILING ADDRESS: _____

IDAHO LICENSE #: _____ PHONE: _____ EMAIL: _____

JOB ADDRESS: _____

DIRECTIONS TO THE SITE FROM COEUR D'ALENE: _____

REQUIRED PROJECT INFORMATION

IMPORTANT NOTE: **THE COMPLETED IDAHO INSTALLERS CHECKLIST IS REQUIRED FOR FIRST AND SUBSEQUENT SET-UPS PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.**

MANUFACTURER: _____ YEAR: _____ SIZE: _____ NUMBER OF BEDROOMS: _____

MANUFACTURER'S DESIGNED SNOW LOAD: _____ VALUATION: _____

SETTING TYPE: STANDARD SET: _____ PERMANENT SET: _____ MOBILE TO REAL PROPERTY: _____

FIRST SET-UP (NEW): _____ USE OF THE MANUFACTURER'S INSTALLATION STANDARD IS REQUIRED

MANUFACTURER'S MANUAL IS REQUIRED TO BE PROVIDED WITH APPLICATION FOR FIRST SET-UPS

SUBSEQUENT SET-UP (USED): _____ (EITHER THE MANUFACTURER OR IDAHO STANDARD SETTING REQUIRED)

IS THE HOME BEING MOVED FROM WITHIN KOOTENAI COUNTY? YES: _____ NO: _____

IF YES, PROVIDE PREVIOUS SETTING PERMIT NUMBER OR OTHER FORM OF VERIFICATION: _____

MAXIMUM 36 SQ FT (6 X 6) BUILDING CODE COMPLIANT LANDINGS WITH STAIRS FOR EACH DOOR ARE INCLUDED IN THIS PERMIT. (ACCESSORY STRUCTURES, I.E. DECKS, GARAGES REQUIRE SEPARATE PERMITS)

ANY STRUCTURAL ALTERATIONS TO A MANUFACTURED HOME REQUIRE AN IDAHO LICENSED ENGINEER'S DESIGN AND A SEPARATE PERMIT.

SITE INFORMATION

SNOW ZONE: A:____ B: ____ C: ____ D: ____ **ENERGY:** NATURAL GAS: ____ PROPANE: ____ ELECTRIC: ____

DOES THE SITE SLOPE EXCEED 33%? YES: ____ NO: ____ NUMBER OF EXISTING BUILDINGS ON SITE: ____

ARE THERE ANY CODE VIOLATIONS ON THIS PARCEL? YES: ____ NO: ____ CV#: ____

DEVELOPMENT INFORMATION

IS PARCEL LOCATED IN THE SPECIAL FLOOD HAZARD AREA? YES: ____ NO: ____

IF YES, WILL FILL BE USED TO ELEVATE THE PROPOSED STRUCTURE? YES: ____ NO: ____ IF YES, HOW MUCH? ____ CUBIC YARDS

IS THE SITE WITHIN 500 FT OF SURFACE WATER? YES: ____ NO: ____ IF YES, DOES THE SLOPE EXCEED 10%? YES: ____ NO: ____

WILL THE PROPOSED SITE DISTURBANCE AFFECT MORE THAN 1/3 OF THE PARCEL? YES: ____ NO: ____

CONDITIONS

1. THIS APPLICATION IS NOT AUTHORIZATION FOR ANY WORK TO COMMENCE.
2. THIS APPLICATION SHALL BE DEEMED AS BEING CANCELLED IF NOT ISSUED WITHIN 180 DAYS AFTER THE DATE OF FILING, UNLESS SUCH APPLICATION HAS BEEN PURSUED IN GOOD FAITH.
3. ANY PERMIT WHICH MAY BE ISSUED AS A RESULT OF THIS APPLICATION SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE, OR, IF THE AUTHORIZED WORK IS ABANDONED OR SUSPENDED FOR A PERIOD OF 180 DAYS.
4. IF AUTHORIZED BY A PERMIT, THE PROPOSED WORK MUST COMPLY WITH ALL ADOPTED CODES, ORDINANCES, STATUTES, AND POLICIES OF KOOTENAI COUNTY AND ANY OTHER AUTHORITY HAVING JURISDICTION.
5. INSPECTIONS MUST BE REQUESTED AND APPROVED PRIOR TO CONTINUING TO ANY SUBSEQUENT PHASE OF CONSTRUCTION.
6. ALL PERMITS FOR STRUCTURES OR MODIFICATIONS TO STRUCTURES THAT WILL BE OCCUPIED ARE REQUIRED TO RECEIVE A CERTIFICATE OF OCCUPANCY.
7. PER IDAHO STATUTE, KOOTENAI COUNTY ONE CALL MUST BE CALLED (811) AT LEAST 2 WORKING DAYS PRIOR TO ANY EXCAVATION.

BY THIS SIGNATURE, I HEREBY ACKNOWLEDGE THAT THE ATTACHED SITE PLAN IS A TRUE AND ACCURATE REPRESENTATION OF THE SITE. I ATTEST THAT THE BUILDING PERIMETER AND PROPERTY LINES WILL BE CLEARLY MARKED AT THE TIME OF THE FIRST INSPECTION. I ASSUME ALL RESPONSIBILITY FOR ANY INACCURACIES CONTAINED HEREIN.

I HAVE ALSO CAREFULLY READ AND COMPLETED THIS APPLICATION AND ACKNOWLEDGE THAT THE SAME IS TRUE AND CORRECT.

_____ _____

OWNER OR AUTHORIZED AGENT SIGNATURE DATE

_____

(PRINT NAME)