



ONEIDA COUNTY PLANNING AND ZONING

30 North 100 West Malad City, ID 83252

Temporary Placement Permit Application

Main Contact Phone #: _____

1. Site Address: _____

(Actual) or (Approximate) (please circle one) City State Zip

2. Property Owner: _____

Name
Address City State Zip Phone: _____

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 # (if applicable): _____ (submit copy)
(Must be approved, inspected by Southeastern Idaho Public Health & proof of such provided to the Oneida County Planning & Zoning Office before 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 REGULATION CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

THIS PERMIT IS VALID FOR A PERIOD OF UP TO 180 DAYS FROM THE DATE OF ISSUANCE.

(Oneida County Code Chapter 3, Article B, Section B-2ai)

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 Oneida 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

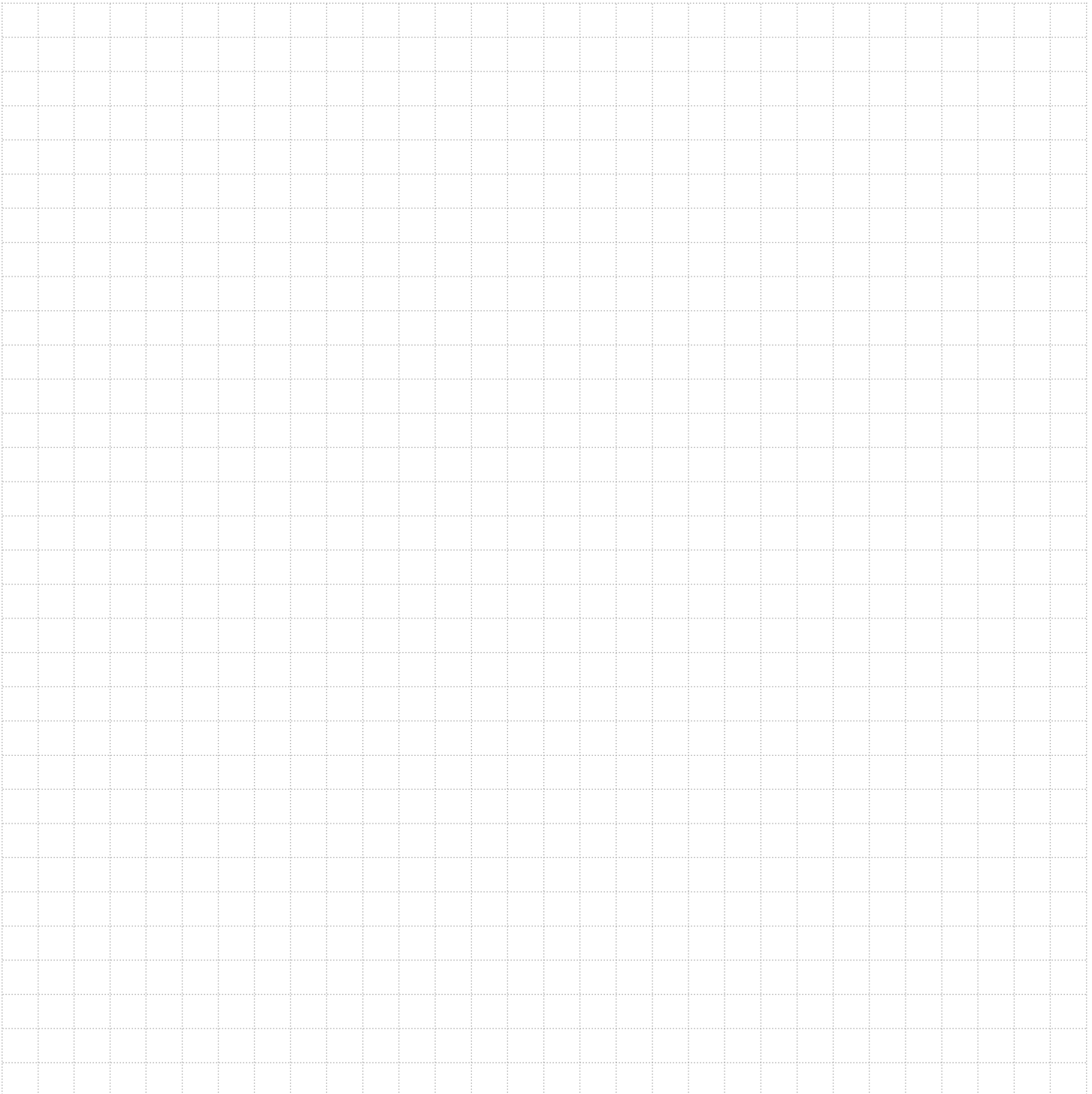
For Office Use Only

Received by: _____

Amount Received: \$ _____ Check# _____ Cash _____ Card _____ Date Received: _____

SITE MAP

MUST INCLUDE with Application. Indicate distance from road and interior property lines to project. One or more building corners must be tied to property line / corner.



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

- | | |
|---|--|
| 1. Dimensions of all property lines | 2. Location of proposed building(s) and existing building(s) |
| 3. Distances from property lines to proposed building(s) | 4. Location of septic system and well |
| 5. Distance between proposed building(s), well, and septic system | 6. Location of natural features (rivers, streams, springs, etc.) |
| 7. Location of driveway | 8. Name of public road driveway meets |
| 9. North Arrow | 10. Needs to be <i>drawn to scale</i> |

Name: _____

Scale: 1 Square = _____ ft.

Address: _____

January 2025