



ELMORE COUNTY GROWTH & DEVELOPMENT

520 E 2nd South – Mountain Home, ID 83647 – (208) 587-2142

www.elmorecounty.org

Accessory Dwelling Unit Application for Administrative Decision

Date: _____

Name: _____

Address: _____

Email address (s): _____

Parcel Number: _____

Overlay District or zone (if applicable): _____

Will the ADU be a standalone building? Y / N

Will the ADU be an addition to a primary residence? Y / N

Will the ADU be an addition to an accessory structure? Y / N

Will the ADU be a conversion of an accessory structure? Y / N

Proposed location on property of the ADU: _____

Proposed ADU square feet (Max 900 sq. ft. per ordinance): _____

Description of Proposed ADU: _____

Signature: _____

Printed Name: _____

Agency Approvals

Central District Health (or other Sewer District) Sewer Permit Approval (580-6003) _____ Date _____

Comment: _____

Roadway Jurisdiction Project Approval (MHHD 587-3211) (GFHD 366-7744) Initial _____ Date _____

Comment: _____

Assessor's Office (Verify Legal Description or Tax Status If Manufactured Home) (ext 247) Initial _____ Date _____

Comment: _____

Fire District Approval (MHRFD 587-8986) (Oasis 796-2236) (GFFD 366-2689) Initial _____ Date _____

Comment: _____

For Administrative Use Only

File Number: _____ ADD- _____ Fee: \$250 Date Paid: _____

Receipt Number: _____ Date Accepted: _____

By: _____ Tentative Approval Date: _____

Referral Needed: Y / N. If yes, what? _____

Final Approval/Denial Date: _____

Final Approval/Denial Signature: _____