

INSTRUCTIONS FOR COMPLETING PLANNING AND ZONING REVIEW PROPOSALS

Please completely fill out the form. All information is required.

FEES: The fee must be submitted with the application. FEES ARE NON-REFUNDABLE

REQUIREMENTS

Incomplete applications will not be accepted. It is your responsibility to provide complete and accurate information. Inaccurate or misleading information will void SCPHD comments/approval. Please consult with one of our Environmental Health Specialists if you have questions.

Provide:

1. Completed application
2. Fee
3. A scaled or dimensional site plan for SCPHD files showing, at a minimum:
 - a. All existing structures or features of concern and/or significance
 - b. Any proposed structures
 - c. All existing wells and/or septic systems on the property
 - d. Any information necessary to fully understand the application (such as proposed new property lines)
4. Additional copies of the site plan if required by the local city or county
5. Additional photos, maps or other information which will help to clarify the proposed action

SCPHD records may indicate well and septic locations. Please contact an Environmental Health Specialist to make arrangements to examine, or obtain copies of, SCPHD files.

TWIN FALLS OFFICE 1020 Washington St. N. Twin Falls, ID 83301-3156 734-5900 • Fax 734-9502	BELLEVUE OFFICE 117 E. Ash St. Bellevue, ID 83313 788-4335 • Fax 788-0098	MINI-CASSIA OFFICE 2311 Park Ave., Unit 4, Ste. 4 Burley, ID 83318 678-8221 • Fax 678-7465
GOODING OFFICE 255 North Canyon Dr Gooding, ID 83330 934-4477 • Fax 934-8558	JEROME OFFICE 951 East Avenue H Jerome, ID 83338 324-8838 • Fax 324-9554	



South Central Public Health District

Prevent. Promote. Protect.

Proposal Review for Planning & Zoning

APPLICANT NAME	Twn	Rng	Sec	PARCEL #
MAILING ADDRESS	SUBJECT PROPERTY STREET/GRID ADDRESS			COUNTY
CITY/STATE/ZIP	CITY/STATE/ZIP			LOT SIZE
PHONE HOME	WORK	SUBDIVISION		LOT BLOCK
EMAIL	FOUNDATION TYPE	BASEMENT	CRAWL SPACE	SPLIT LEVEL SLAB
APPLICANT IS	<input type="checkbox"/> LANDOWNER	<input type="checkbox"/> CONTRACTOR	PROPERTY IS LOCATED IN	CITY CITY IMPACT COUNTY
	<input type="checkbox"/> OTHER:		WATER PUBLIC/SHARED WELL PRIVATE WELL	# BEDROOMS/EST FLOW
			SOURCE	
Fee: \$50	Receipt #:	Rec'd by:	Date:	Estab. #:

Applicant's Proposal: (check where appropriate and or describe below):

- Adding an out building; will this building have? Water Yes No Septic Yes No
- Adding on to an existing dwelling; will this increase the number of bedrooms? If so, by how many? _____
- Adding a house or mobile home to an existing septic system
- Land division
- Other

Description of what you will be doing (Please attach a separate page depicting the proposed changes/additions/splits)

Signature: _____

Date: _____

Environmental Health Specialist Evaluation

- Proposal Approved Proposal NOT Approved

Comments:

REHS Signature: _____

Date: _____