South Central Public Health District

*Prevent. Promote. Protect.* *phd5.idaho.gov*

# INSTRUCTIONS FOR PLANNING & ZONING PROPOSAL REVIEW

Please fill out the application completely. Be certain to include grid or street address, legal description, and parcel number. **Incomplete applications will be returned. All information is required.**

**Fees: Payment must be submitted with application. For current fees, review fee schedule at phd5.idaho.gov.**

- Accepted forms of payment included cash, check, and credit/debit card
- Card payments may be made over the phone
- 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.

Submit the following:

1. Completed application
2. Payment for fee
3. A scaled or dimensional site plan 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
- Online records can be searched at https://phd5.idaho.gov/septic-records/
- You may email the completed application and site plan to septic@phd5.id.gov

**Contact our Environmental Health staff if you have questions or need further information.**

| TWIN FALLS OFFICE | BELLEVUE OFFICE | HEYBURN OFFICE | GOODING OFFICE | JEROME OFFICE |
|---|---|---|---|---|
| 1020 Washington St. N | 117 E Ash Street | 485 22nd Street | 255 N Canyon Dr. | 951 E Ave. H |
| Twin Falls ID 83301 | Bellevue ID 83313 | Heyburn ID 83336 | Gooding ID 83330 | Jerome ID 83338 |
| (208) 737-5900 | (208) 788-4335 | (208) 678-8221 | (208) 934-4477 | (208) 324-8838 |

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# PROPOSAL REVIEW FOR PLANNING & ZONING

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Applicant Name | | | Parcel # | | County | Parcel/Lot Size (acres) | |
| Mailing Address | | | Subject Property Address | | | | |
| City | State | Zip | City | | State | Zip | |
| Email | | | Subdivision Name | | | Lot | Blk |
| Phone # | | | Applicant is: ☐ Property Owner ☐ Contractor ☐ Installer ☐ Other | | | | |
| Existing # bedrooms/est. flows: | | | Location of Property: ☐ City ☐ City Impact Area ☐ County | | | | |
| Structure Type: ☐ Residential ☐ Non-residential | | | Foundation Type: ☐ Basement ☐ Crawl Space ☐ Slab ☐ Split Level ☐ Other | | | | |
| Water Source: ☐ Private Well ☐ Shared Well ☐ Public (PWS) Well ☐ Municipal System ☐ Other: | | | | | | | |
| Date: | Rec'd by: | | Facility #: | | Receipt #: | Fee: $ | |

**Applicant's Proposal (check applicable box and describe proposal below):**

☐ Addition of a dwelling or outbuilding. Proposed structure will be supplied with - Water: ☐ Yes ☐ No Septic: ☐ Yes ☐ No

☐ Addition to an existing dwelling. Will this increase the number of bedrooms? ☐ Yes ☐ No Increasing # of bedrooms to: _____

☐ Adding/replacing a house or mobile home/RV to an existing septic system.

☐ Land Division (4 lots or less)

☐ Other: _____

**Proposal Description** (Provide a detailed description of your proposal. Attach a site plan and any other pertinent documents for review.)**:**

Signature: _____ Date: _____

By my signature above, I certify I am the owner, lessee, or authorized representative of the owner, and that all answers and statements on this application are true and complete to the best of my knowledge. I accept responsibility to notify the South Central Public Health District of any changes to the above information. I hereby explicitly authorize agents of the South Central Public Health District to access this property and facility for the purposes of conducting site evaluations and all necessary regulatory inspections required to assess the proposal.

## Environmental Health Specialist Evaluation

☐ On-site visit conducted

☐ Proposal Approved ☐ Proposal Approved with Conditions ☐ Proposal **NOT** Approved

**Comments:**

EHS Signature: Date: