

# APPLICATION-Accessory Use



Receipt	Date:
No: _____	_____
Fee: _____	Document
	No: _____
	(Official Use Only)

Accessory use approval may depend on the following: site evaluation approval, maximum daily sewage flow, house size and location, well location, surface water locations, changes to native soil (road cuts, grading, benching), distance to neighboring structures (wells, buildings, drainfields), proposed land use, soil quality, etc.

Accessory use approvals cannot be granted until all such issues are addressed and / or submitted in writing as part of the plot plan / application AND found to be consistent with current regulations. **A parcel number is to be submitted as part of this application.**

(Commercial Applicants Only) A detailed letter of intent which may include a Non-Domestic Waste Water Application must be submitted outlining the following: number of employees, type of operation, proposed water usage, and wastewater characterization.

**(Incomplete Applications Will Be Returned)**

Parcel # : \_\_\_\_\_ Acres: \_\_\_\_\_

Property Address: \_\_\_\_\_ City \_\_\_\_\_

Legal Description: Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ County \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone # : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant is :  Landowner  Contractor  Installer  Other \_\_\_\_\_

Owners Name : \_\_\_\_\_

Mailing Address : \_\_\_\_\_ Phone # : \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The proposed use will be:  Residential  Commercial

Is there an existing structure(s) on this parcel?  Yes  No

Will the footprint of the existing structure(s) foundation change?  Yes  No

The proposed change will be:  Remodel Only  Replacement of an Existing Dwelling  
 Outbuilding Requiring Water/Septic  Outbuilding Not Requiring Water/Septic

Tank must be pumped if septic permit is not on file. Tank Pumped?  Yes (provide copy)  NO (pump & provide copy)

Is the current on-site sewage disposal system in use?  Yes  No

Number of bedrooms currently in structure: \_\_\_\_\_

Number of bedrooms after remodel or new dwelling unit: \_\_\_\_\_

Property is located in :  City  Impact Zone  County

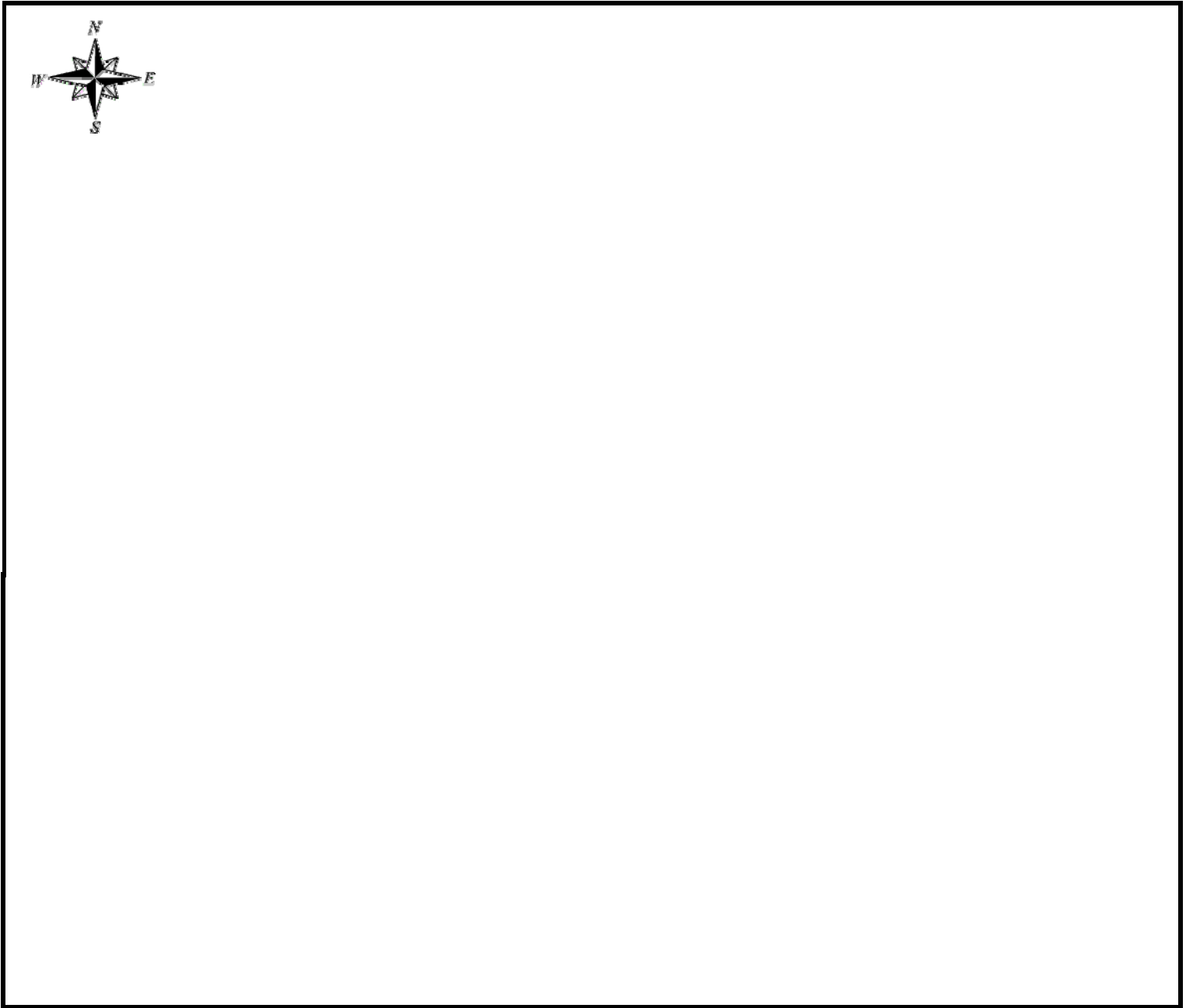
Is the proximity of the structure to city sewer or central wastewater collection system 200 feet or less?  Yes  No

Water supply :  Private Well  Shared Well  Public Water System

Description of proposal: \_\_\_\_\_

Please draw an aerial view of the property showing your proposal and the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, drive-way and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield (see attached example).

### PLOT PLAN



A large empty rectangular box for drawing the plot plan. In the top-left corner of the box, there is a compass rose with the cardinal directions labeled: N (North) at the top, S (South) at the bottom, E (East) on the right, and W (West) on the left.

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify Southwest District Health of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize Southwest District Health to have access to this property for the purpose of conducting a site-evaluation.

Southwest District Health, Environmental Health Services

13307 Miami Lane  
Caldwell, ID 83607  
208.455.5400  
208.455.5405 (fax)

1008 East Locust  
Emmett, ID 83617  
208.365.6371  
208.365.4729 (fax)

1155 Third Avenue North  
Payette, ID 83661  
208.642.9321  
208.642.5098 (fax)

46 West Court  
Weiser, ID 83672  
208.549.2370  
208.549.2371 (fax)