

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.

Accepted forms of payment are: cash, check or card. Card payments may also be taken over the phone.

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. Payment for 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.

You may email the completed application and site plan to septic@phd5.idaho.gov.

Twin Falls Office 1020 Washington St N Twin Falls, ID 83301 208-737-5900 • 208-734-9502	Bellevue Office 117 E Ash St Bellevue, ID 83313 208-788-4335 • 208-788-0098	Gooding Office 255 N Canyon Dr Gooding, ID 83330 208-934-4477 • 208-934-8558
Jerome Office 951 E Ave H Jerome, ID 83338 208-324-8838 • 208-324-9554	Email - septic@phd5.idaho.gov Website - phd5.idaho.gov	Mini-Cassia Office 485 22 nd St Heyburn, ID 83336 208-678-8221 • 208-678-7465

Applicant Name	Parcel # RP	County	Lot size (acres)
Mailing Address	Subject Property - Street/Grid Address		Lot Blk
City/State/Zip	City/State/Zip		
Primary Phone #	Subdivision Name (if applicable)		
Email	Existing # of Bedrooms/Est Flow: Property is located in <input type="checkbox"/> City <input type="checkbox"/> City Impact <input type="checkbox"/> County		
Water Source <input type="checkbox"/> Public/Shared Well <input type="checkbox"/> Private Well			
Residential Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Split Level <input type="checkbox"/> Temporary <input type="checkbox"/> Slab			
Non-Residential Foundation Type: <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Temporary <input type="checkbox"/> Slab			
Estab.#:	Date:	Rec'd by:	Receipt #:
			Fee: \$55

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

- Adding an out building; will this building have... Water? No Yes Septic? No Yes
 Adding onto an existing dwelling; will this increase the number of bedrooms? No Yes, # increasing to:____
 Adding/replacing a house or mobile home to an existing septic system
 Land Division (less than 5 lots)
 Other

Description of what you will be doing (Please attach a site plan for review)

Signature: _____ Date: _____

Environmental Health Specialist Evaluation

Proposal Approved

Proposal Approved with Conditions

Site Visit Performed

Proposal **NOT** Approved

Comments: _____

EHS Signature: _____ Date: _____