



MANUFACTURED HOME SETTING PERMIT APPLICATION

MAY 05 2020

KOOTENAI COUNTY

KOOTENAI COUNTY COMMUNITY DEVELOPMENT
451 Government Way, Coeur d'Alene, ID 83814 (208) 446-1070

AGENCY USE ONLY	
PERMIT #:	MFD20-0019
SDP #:	_____
ELECTRONIC SUBMITTAL:	YES: _____ NO: _____
PLEASE COMPLETE ALL APPLICABLE FIELDS BELOW	
DESIGNATED CONTACT PERSON	
NAME:	Dan Hanson
PHONE:	CELL: 714-504-2624
EMAIL:	dansub1mki@gmail.com

PARCEL INFORMATION
 PARCEL #: 49N04W-04-4775 LAND AIN #: 164624 MH AIN #: _____

PARCEL OWNER
 MH PARK / OTHER THAN MH OWNER? YES: _____ NO: X IF YES, COPY OF LEASE IS REQUIRED
 PARK NAME: _____ PARK SPACE #: _____
 OWNER NAME: _____
 MAILING ADDRESS: _____
 CONTACT INFORMATION: _____
 PHONE: _____ EMAIL: _____

MANUFACTURED HOME OWNER
 SAME AS PARCEL OWNER? YES: X NO: _____ IF NO, COMPLETE THE FOLLOWING
 OWNER NAME: Mica Kidd Island Fire Protection District
 MAILING ADDRESS: 31541 S Highway 95, Worley, ID 83876
 PHONE: 208-686-1718 EMAIL: admin@mkifire.co.

IDAHO LICENSED MANUFACTURED HOME INSTALLER
 INSTALLER INFORMATION: _____
 MAILING ADDRESS: _____
 IDAHO LICENSE #: _____ PHONE: _____ EMAIL: _____

JOB ADDRESS: 6891 W Kidd Island Rd, Coeur d Alene, ID 83814
 DIRECTIONS TO THE SITE FROM COEUR D'ALENE: South on Hwy 95 about 11 miles turn left onto Kidd Island go about .5 miles and the fire station is on the left.

*** REQUIRED PROJECT INFORMATION**

IMPORTANT NOTE: THE COMPLETED IDAHO INSTALLERS CHECKLIST IS REQUIRED FOR FIRST AND SUBSEQUENT SET-UPS PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.

MANUFACTURER: Valley Quality Homes YEAR: 2020 SIZE: 26'8"-66'8" NUMBER OF BEDROOMS: 3
 MANUFACTURER'S DESIGNED SNOW LOAD: 65lb VALUATION: _____
 SETTING TYPE: STANDARD SET: X PERMANENT SET: _____ MOBILE TO REAL PROPERTY: _____
 FIRST SET-UP (NEW): X USE OF THE MANUFACTURER'S INSTALLATION STANDARD IS REQUIRED
MANUFACTURER'S MANUAL IS REQUIRED TO BE PROVIDED WITH APPLICATION FOR FIRST SET-UPS
 SUBSEQUENT SET-UP (USED): _____ (EITHER THE MANUFACTURER OR IDAHO STANDARD SETTING REQUIRED)
 IS THE HOME BEING MOVED FROM WITHIN KOOTENAI COUNTY? YES: _____ NO: X
 IF YES, PROVIDE PREVIOUS SETTING PERMIT NUMBER OR OTHER FORM OF VERIFICATION: _____

MAXIMUM 36 SQ FT (6 X 6) BUILDING CODE COMPLIANT LANDINGS WITH STAIRS FOR EACH DOOR ARE INCLUDED IN THIS PERMIT. (ACCESSORY STRUCTURES, I.E. DECKS, GARAGES REQUIRE SEPARATE PERMITS)
ANY STRUCTURAL ALTERATIONS TO A MANUFACTURED HOME REQUIRE AN IDAHO LICENSED ENGINEER'S DESIGN AND A SEPARATE PERMIT.

SITE INFORMATION

SNOW ZONE: A: ___ B: ___ C: ___ D: ___ ENERGY: NATURAL GAS: ___ PROPANE: X ELECTRIC: X
DOES THE SITE SLOPE EXCEED 33%? YES: ___ NO: X NUMBER OF EXISTING BUILDINGS ON SITE: 1
ARE THERE ANY CODE VIOLATIONS ON THIS PARCEL? YES: ___ NO: X CV#: _____

DEVELOPMENT INFORMATION

IS PARCEL LOCATED IN THE SPECIAL FLOOD HAZARD AREA? YES: ___ NO: X
IF YES, WILL FILL BE USED TO ELEVATE THE PROPOSED STRUCTURE? YES: ___ NO: ___ IF YES, HOW MUCH? _____ CUBIC YARDS
IS THE SITE WITHIN 500 FT OF SURFACE WATER? YES: ___ NO: X IF YES, DOES THE SLOPE EXCEED 10%? YES: ___ NO: ___
WILL THE PROPOSED SITE DISTURBANCE AFFECT MORE THAN 1/3 OF THE PARCEL? YES: ___ NO: X

CONDITIONS

1. THIS APPLICATION IS NOT AUTHORIZATION FOR ANY WORK TO COMMENCE.
2. THIS APPLICATION SHALL BE DEEMED AS BEING CANCELLED IF NOT ISSUED WITHIN 180 DAYS AFTER THE DATE OF FILING, UNLESS SUCH APPLICATION HAS BEEN PURSUED IN GOOD FAITH.
3. ANY PERMIT WHICH MAY BE ISSUED AS A RESULT OF THIS APPLICATION SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE, OR, IF THE AUTHORIZED WORK IS ABANDONED OR SUSPENDED FOR A PERIOD OF 180 DAYS.
4. IF AUTHORIZED BY A PERMIT, THE PROPOSED WORK MUST COMPLY WITH ALL ADOPTED CODES, ORDINANCES, STATUTES, AND POLICIES OF KOOTENAI COUNTY AND ANY OTHER AUTHORITY HAVING JURISDICTION.
5. INSPECTIONS MUST BE REQUESTED AND APPROVED PRIOR TO CONTINUING TO ANY SUBSEQUENT PHASE OF CONSTRUCTION.
6. ALL PERMITS FOR STRUCTURES OR MODIFICATIONS TO STRUCTURES THAT WILL BE OCCUPIED ARE REQUIRED TO RECEIVE A CERTIFICATE OF OCCUPANCY.
7. PER IDAHO STATUTE, KOOTENAI COUNTY ONE CALL MUST BE CALLED (811) AT LEAST 2 WORKING DAYS PRIOR TO ANY EXCAVATION.

NON-REFUNDABLE PLAN REVIEW FEES ARE DUE AT THE TIME OF SUBMITTAL

BY THIS SIGNATURE, I HEREBY ACKNOWLEDGE THAT THE ATTACHED SITE PLAN IS A TRUE AND ACCURATE REPRESENTATION OF THE SITE. I ATTEST THAT THE BUILDING PERIMETER AND PROPERTY LINES WILL BE CLEARLY MARKED AT THE TIME OF THE FIRST INSPECTION. I ASSUME ALL RESPONSIBILITY FOR ANY INACCURACIES CONTAINED HEREIN.

I HAVE ALSO CAREFULLY READ AND COMPLETED THIS APPLICATION AND ACKNOWLEDGE THAT THE SAME IS TRUE AND CORRECT.

Daniel R. Hanson
OWNER OR AUTHORIZED AGENT SIGNATURE

4/14/2020
DATE

Daniel Hanson
(PRINT NAME)