

Fremont County
Planning & Building Department
125 N. Bridge St. Suite 1
St. Anthony, ID 83445
(208)624-4643 Office
(208)624-1320 Fax

HOME OCCUPATION/RENEWAL

Transient Rental

Permit #	
RA:	
Date:	
Fee \$50:	

THIS FORM MUST BE FILLED OUT COMPLETELY

	require 7-10 working days	•	
SE	CTION 1: OWNER IN		
WNERS: ame:	Zip: ning & building staff	APPLICANT: Name_ Address: City: Telephone: Email: I certify information is conknowledge.	State: Zip: Fax
ignature :(Owner)	Date:	Signature (Applicant)	Date:
S	ECTION 2: PROPER	TY DETAILS	
egal Description: Sectionearcel Number	Site Address:	Telephone:()	
City:		State:	Zip:
	SECTION 3: SUBM	State:	Zip:
☐ Identify a contact person or agen by phone to respond to problems Contact Person	SECTION 3: SUBN	State:	
☐ Identify a contact person or agen by phone to respond to problems	SECTION 3: SUBNet within the local Fremos.	State: MITTALS ont County calling area availa Phone Number(s) nunity well, submit the result	able ts of a water sampling test
☐ Identify a contact person or agen by phone to respond to problems Contact Person ☐ For home occupations served by	SECTION 3: SUBNet within the local Fremos.	State: MITTALS ont County calling area availated a second county calling area availated a second county well, submit the result for the second county well.	able ts of a water sampling test e dwelling.

	OFFICE USE OF	NLY
PERMIT:	RECEIVED BY:	DATE:
PERMIT APPROVE	D BY:	DATE:
COMMENTS:		
Condition of Approv	al:	
District	CODE COMPLIANCE CHECK a. Smoke Detectors b. Carbon Monoxide Detectors c. Fire Extinguishers d. Open Burn Ordinance Acknowledgeme e. Solid Waste Provider/Provided Weekly f. County Inspection i. Letter of Deficiency Sent: ii. Carbon Monoxide Detectors iii. Fire Extinguishers g. Sign Compliance Check i. Contact information Sign ii. Advertising Signs	nt &Posted Properly