

# Valley County, Idaho BUILDING PERMIT APPLICATION

**Applicant to complete numbered spaces only.**

		1. PARCEL NUMBER	R. ADDRESS PG.	JOB ADDRESS	OWNER			
2. PHYSICAL JOB ADDRESS								
3. LEGAL DESCR.	LOT NO.	BLK	SUBDIVISION OR TOWNSHIP, SECTION AND RANGE					
4. OWNER		MAIL ADDRESS	ZIP			PHONE		
5. CONTRACTOR		MAIL ADDRESS	ZIP			PHONE		
6. ARCHITECT		MAIL ADDRESS	ZIP			PHONE		
7. DESIGNER								
8. ENGINEER								
9. FOR MANUFACTURED HOUSING: INSTALLER AND LICENSE NUMBER								
10. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE								
11. Describe work and use								
12. Change of use from								
Change of use to								
13. Valuation of work: \$		\$	\$	\$				
SPECIAL CONDITIONS:		PLAN CHECK	PERMIT FEE	TOTAL FEE				
		Type of Const.	Occupancy Group	Division				
		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load				
		APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY	Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NOTICE</b>								
14. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING VENTILATION OR AIR CONDITIONING.								
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.								
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.								
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		(DATE)						
SIGNATURE OF OWNER OR OWNER BUILDER		(DATE)						
<b>WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT</b>								
PLAN CHECK VALIDATION		CK.	M.O.	CASH	PERMIT VALIDATION	CK.	M.O.	CASH