

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						
LEGAL DESCR.	3. LOT NO.	4. BLK	5. SUBDIVISION OR TOWNSHIP, SECTION AND RANGE			
6. OWNER	MAIL ADDRESS	CITY, ZIP	PHONE, EMAIL			
7. CONTRACTOR, REGISTR #	MAIL ADDRESS	CITY, ZIP	PHONE, EMAIL			
8. ARCHITECT	MAIL ADDRESS	CITY, ZIP	PHONE, EMAIL			
9. DESIGNER						
10. ENGINEER						
11. FOR MANUFACTURED HOUSING: INSTALLER AND LICENSE NUMBER						
12. CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> RELOCATE <input type="checkbox"/> REMOVE						
13. DESCRIBE WORK AND USE						
14. CHANGE OF USE FROM:		CHANGE OF USE TO:				
15. 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	
NOTICE			No. of Dwelling Units			
<p>16. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING VENTILATION OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 365 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p>			Special Approvals	Required	Received	Not Required
			ZONING			
			HEALTH DEPT			
			SOIL REPORT			
			SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)	FLOOD ORD		
				APPROACH		
			SIGNATURE OF OWNER OR OWNER BUILDER (DATE)	RESTR. COVNTS		

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PERMIT VALIDATION CK. C.C.