P.0. Box 1350
Cascade, ID 83611

Valley County, Idaho

BUILDING PERMIT APPLICATION

(208) 382-7114
email:
building@valleycountyid.gov

Applicant to complete numbered spaces only.

1. PARCEL NUMBER	R. ADDRESS PG.

JOB ADDRESS

OWNER

BUILDING PERMIT NO.

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 NAME, 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: □ NEW □ ADDITION □ ALTERATION □ REPAIR □ RELOCATE □ REMOVE

13. DESCRIBE WORK AND USE

14. CHANGE OF USE FROM: CHANGE OF USE TO:

OTHER FEES:

FIRE DISTR:
IMP FEE:

15. STRUCTURE HEIGHT_____ |

16. 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
Fire Zone	Use Zone	Fire Sprinklers Required □ Yes □ No
No.of Dwelling Units		

APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

NOTICE

17. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING VENTILATION OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL ANO 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.

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 SPECFIED 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. I HEREBY AUTHORIZE ACCESS TO THIS PROPERTY BY BUILDING INSPECTORS TO CONDUCT REQUIRED INSPECTIONS.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER OR OWNER BUILDER (DATE)

Special Approvals	Required	Received	Not Required
ZONING & FLOOD ORD			
HEALTH DEPT			
SOIL REPORT			
FORM 7460.1 FAA			
FIRE DRIVEWAY			
RIPARIAN AREA			
APPROACH			
RESTR. COVNTS			

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

PERMIT VALIDATION CK. C.C.