

Application for Building Permit

Buhl, Idaho

FOR BUILDING INSPECTIONS CALL 543-5650

The undersigned hereby applies for a permit for the work herein indicated or as shown and approved in the accompanying plans and specifications:

Date _____, 20____, Building Permit No. _____
Zoning Permit No. _____

1. Legal Descr. Lot # _____ Block _____ Subdivision _____ Job Address _____
 2. Sec. _____ Town _____ Range _____ Tract _____ Tax # _____
 3. Contractor _____ Address _____ Phone # _____ License # _____
 4. Owner _____ Address _____ Zip _____ Phone # _____
 5. Residential Commercial Structure: New Remodel Addition Repair Renewal Fire Damage
 6. Describe Work _____

7. Valuation of work: \$ _____
 Permit Fee: \$ _____
 Plan Check Fee: \$ _____
 Sewer Connection Fees: * \$ _____
 Water Connection Fees: * \$ _____
 Street Repair: \$ _____
 Total Fee Paid: \$ _____

NOTICE: Separate permits are required for electrical, plumbing, heating, ventilating or air conditioning. 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 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.

THIS PERMIT is issued subject to the regulations contained in the Building Code and Zoning Regulations of BUHL and it is hereby agreed that the work to be done as shown in the plans and specifications will be completed in accordance with the regulations pertaining and applicable thereto. **THIS PERMIT DOES NOT INCLUDE WOOD STOVES. APPLICANT IS RESPONSIBLE FOR LOCATION OF ALL PROPERTY LINES AND SET BACKS, AND GROUND WATER TABLE FOR A DRY FLOOR IN CRAWL SPACE OR BASEMENT.**

Signature of Contractor or Authorized Agent (Date)

Signature of Owner (if owner builder) (Date)

Signature of Building Official (Date)

* Charges for connections shall be collected in advance. Any overpayment will be refunded or an underpayment billed.

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
No. of Dwelling Units	Offstreet Parking Spaces:		Uncovered
Garage	Carport	Basement	
OTHER APPROVALS		REQD.	RECD.
ZONING			NA
HEALTH DEPARTMENT			
FIRE DEPARTMENT			
STATE FIRE MARSHALL			
WATER DEPARTMENT			
SEWER DEPARTMENT			
D.E.O.			
SOIL REPORT			
OTHER (Specify)			

The certificate of occupancy will not be issued until all required inspections are completed.