



# City of Buhl Building Department

203 Broadway Ave N Buhl, ID 83316

Phone: 208-543-5650

Fax: 208-543-2884

[www.cityofbuhl.us](http://www.cityofbuhl.us)

## **ROOF PERMIT APPLICATION**

PROPERTY OWNER OF RECORD		CONTRACTOR/MANAGER	
Name:		Name:	
Address:		Address:	
Zip:		Zip:	
Phone:		Phone #:	
Email:		Email:	
Is the property owner doing the construction?		License #:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration:	

### **Please complete and answer ALL questions.**

Electronic submittals of the permit application can be sent to [jazmine.m@cityofbuhl.us](mailto:jazmine.m@cityofbuhl.us)

- Parcel #: \_\_\_\_\_  
(i.e. RPB0S00E000000—obtained on your tax information or from the County Assessor’s Office)
- Copy of deed showing ownership, including legal description (obtained at the County Clerk’s Office).
- Person to notify regarding the permit: \_\_\_\_\_
- Contact #: \_\_\_\_\_
- Subdivision: \_\_\_\_\_ Block #: \_\_\_\_\_ Lot #: \_\_\_\_\_
- Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_
- Project Address (if known): \_\_\_\_\_
- Are there other structures on this parcel?                       Yes                       No
- Corner Lot:     Yes                       No
- Construction Type:     New     Remodel     Repair     Addition     Renewal     Fire Damage
- Zoning District:                       Residential                       Commercial                       Industrial
- Material/Type of Roof: \_\_\_\_\_
- Estimated Value: \_\_\_\_\_

**READ AND INITIAL THE FOLLOWING STATEMENTS:**

- \_\_\_\_\_ 1. I understand an inspection must occur if the decking needs replaced.
- \_\_\_\_\_ 2. I understand that I need to schedule a final inspection once the installation is complete.

Inspection requests must be made as soon as possible.  
 Contact City Hall to schedule the inspection at 208-543-5650.

I am applying for a permit to perform the work described above.

I confirm that I have carefully reviewed this application and certify that all the information provided is accurate and complete.

As the applicant, I understand that it is my responsibility to ensure that all work, materials, and inspections comply with the State and City codes, ordinances, and Building Department regulations before they are used or occupied. I agree that the work outlined in the plans and specifications will be carried out in accordance with the relevant regulations.

\_\_\_\_\_  
 Signature of Contractor/Authorized Agent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Owner (if owner-builder)

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

Plans Reviewed By: \_\_\_\_\_ Plans Approved by: \_\_\_\_\_  
 Zoning Approved by: \_\_\_\_\_ Pick-Up Notification: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Building Official

\_\_\_\_\_  
 Date

**PERMIT FEES**

Valuation of Work: \$ \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_  
 Copies: \$ \_\_\_\_\_  
 Total Fees: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_  
 Collected By: \_\_\_\_\_  
 \_\_\_\_\_

Applicant received the approved permit & plans via:  
 In-person     Email