

PERMIT NO. _____

Building Code: _____

Design Review: _____

Other State and Federal Permits may be applicable to your project.

CITY OF SUN VALLEY BUILDING PERMIT APPLICATION

APPLICATION MUST BE COMPLETELY FILLED OUT (EXCEPT LOWER RIGHT TABLE W/* & FEES) & SIGNED TO BE ACCEPTED
For Legal Description call the County Assessor at (208) 788-5535, Check P&Z Approval or Check with Architect

JOB ADDRESS		PARCEL #	
LEGAL DESCRIPTION	LOT NO.	SUBDIVISION	
OWNER	MAIL ADDRESS	PHONE	EMAIL
CONTRACTOR	MAIL ADDRESS	PHONE	EMAIL
CONSTRUCTION SITE CONTACT PERSON		PHONE	EMAIL
ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	EMAIL
ENGINEER	MAIL ADDRESS	PHONE	EMAIL
USE OF BUILDING		TYPE OF HEATING SYSTEM	
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"/> DEMO <input type="checkbox"/> RE-ROOF			
DESCRIBE WORK:			
VALUATION OF WORK:			
ENCROACHMENT PERMIT REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO IDAHO CONTRACTOR REGISTRATION #:			

APPLICATION ACCEPTED	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
NOTICE		
<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 180 DAYS AT ANY TIME 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 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>		
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		DATE
_____ (NAME IN PRINT)		
SIGNATURE OF OWNER (IF OWNER BUILDER)		DATE
_____ (NAME IN PRINT)		

TYPE OF CONST. *	OCCUPANCY TYPE *	DIVISION *
SIZE OF BLDG. (TOTAL) SQ. FT. (ADDITION) SQ. FT.	NO. OF STORIES	HEIGHT OF BLDG.
OCCUPANCY SEPARATION TABLE 302.3.2 *	USE ZONE	FIRE SPRINKLER REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
NO. OF DWELLING UNITS	IECC COMPLIANCE <input type="checkbox"/> RESCHECK <input type="checkbox"/> COMCHECK <input type="checkbox"/> PRESCRIPTIVE	

VALUATION OF WORK: \$ _____

PERMIT FEE: \$ _____

PLAN CHECK FEE: \$ _____

FIRE DEPT. FEE: \$ _____

PERMIT FEE SUBTOTAL: \$ _____

WORK W/O PERMIT: \$ _____

IMPACT FEE: \$ _____

TOTAL: \$ _____

ENGINEERING FEE*: \$ _____

*Engineering review may be invoiced after receipt of permit