

Boise County Planning & Zoning Department

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Phone 208-392-2293
www.Boisecounty.us



BUILDING PERMIT APPLICATION

Applicant needs to complete <u>unshaded</u> areas only						BP NUMBER:	
1 OWNER		MAIL ADDRESS		ZIP	PHONE		
2 CONTRACTOR		MAIL ADDRESS		ZIP	PHONE		
3 LEGAL	LOT NO.	BLK	NAME OF SUBDIVISION			SEC/TOWNSHIP/RANGE	
DESCR.						5. R/A MAP#	
4. JOB ADDRESS:							
6. PARCEL RP NUMBER:				7. SET BACKS		RECOMMENDED GROUND SNOWLOAD	
				Front	Right Side	Back	Left Side
8. Are you in a subdivision? Have you received approval from the architectural committee or the home owners association? <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. IN FLOOD PLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD CERTIFICATE #		FLOOD MAP NUMBER			
10. TYPE OF CONSTRUCTION: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIAA <input type="checkbox"/> IIB <input type="checkbox"/> IIBB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB							
11. <input type="checkbox"/> SINGLE FAMILY RESIDENCE <input type="checkbox"/> GARAGE/ CARPORT <input type="checkbox"/> DECK/PORCH <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL							
12. NEW SQ. FT: HOME () BASEMENT FINISHED () UNFINISHED () GARAGE () OUT BUILDING () DECK/PORCH ()							
13. <input type="checkbox"/> UPGRADE - INSPECTIONS & CERTIFICATE OF OCCUPANCY <input type="checkbox"/> BASIC - NO INSPECTIONS OR CERTIFICATE OF OCCUPANCY							
14. MANUFACTURED HOME: YEAR:		MODEL:	MAKE:	VIN NO.	Rehab Docs <input type="checkbox"/>		
15. CONSTRUCTION COST / CONTRACT PRICE \$				16. ESTIMATED COMPLETION DATE:			
17. DESCRIPTION OF WORK BEING DONE: (EXAMPLE: NEW HOME/DECK/OUT BUILDING ETC.)							

NOTICE

PLEASE BE ADVISED THAT YOUR RIGHT TO CONSTRUCT A STRUCTURE UNDER THE AUTHORITY OF THE BOISE COUNTY BUILDING PERMIT ORDINANCE MAY BE SUBJECT TO ANY APPLICANT DEED RESTRICTIONS, CODES, COVENANTS, OR RESTRICTIONS THAT RUN WITH THE APPLICANT LAND OR ARE OTHERWISE GOVERNED BY A HOMEOWNERS ASSOCIATION OR RELATED ARCHITECTURAL COMMITTEE. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING VENTILATION OR AIR CONDITIONING. THIS PERMIT SHALL EXPIRE FOUR (4) YEARS FROM THE DATE OF ISSUANCE AND WILL BECOME NULL AND VOID IF ANY WORK AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE OF THIS PERMIT; OR, IF THERE IS NOT AT LEAST TWENTY-FIVE PERCENT (25%) OF THE TOTAL PROJECT COMPLETED EACH YEAR. THE GRANTING OF A BUILDING 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.

PERMIT FEES		TOTAL CONSTRUCTION	
Basic	\$	VALUES	
PLAN REVIEW	\$	Inspection Zone <input type="checkbox"/> A <input type="checkbox"/> B	
INSPECTIONS	\$	INSPECTOR:	
GPS FEE	\$	SPECIAL APPROVALS	
WUT FEE	\$	CDHD	# Date
Recording	\$	WUT	by
R/A FEE	\$	Inspection	Date
TOTAL	\$		

ADDITIONAL INSPECTIONS MAY BE REQUIRED AFTER THE PLANS FOR AN UPGRADED PERMIT ARE REVIEWED AND ADDITIONAL FEES MAY BE ASSESSED TO THIS PERMIT. I CONSENT AND AUTHORIZE THE BOISE COUNTY PLANNING AND ZONING DEPARTMENT STAFF AND ITS DESIGNATED INSPECTION AGENT(S) TO ENTER THE ABOVE LISTED PROPERTY FOR ANY SITE INSPECTION OR COMPLIANCE PURPOSE ASSOCIATED WITH THIS BUILDING PERMIT.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT.

18A SIGNATURE OF OWNER/OWNER BUILDER (DATE)	APPLICATION ACCEPTED BY:	APPROVED FOR ISSUANCE BY:	
18B SIGNATURE CONTRACTOR/AUTHORIZED AGENT (DATE)	CHECK #	CASH	MONEY ORDER
	RECPT #		CREDIT CARD