

# Boise County Planning & Zoning Department

413 Main St.  
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 Phone 208-392-2293  
 www.Boisecounty.us



## BUILDING PERMIT APPLICATION

<b>Applicant needs to complete the white areas only</b>						<b>BP NUMBER:</b>			
1. OWNER		MAIL ADDRESS			ZIP		PHONE		
OWNER EMAIL:									
2. CONTRACTOR		MAIL ADDRESS			ZIP		PHONE LICENSE#		
CONTRACTOR EMAIL:				3. SPECIFY IF PERMIT IS TO BE MAILED TO: Contractor - Owner - Picked Up					
4. LEGAL DESCR.	LOT NO.	BLK	NAME OF SUBDIVISION			SEC/TOWNSHIP/RANGE			
5. JOB ADDRESS:						6. R/A MAP#			
7. PARCEL RP NUMBER:			8. SET BACKS		Front	Right Side	Back	Left Side	RECOMMENDED GROUND SNOWLOAD:
9. 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 <input type="checkbox"/> Na									
10. IN FLOOD PLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOD CERTIFICATE <input type="checkbox"/>		FLOOD MAP NUMBER					
11. TYPE OF CONSTRUCTION <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB									
12. <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 <input type="checkbox"/> OTHER									
13. NEW SQ. FT: HOME ( ) BASEMENT FINISHED ( ) UNFINISHED ( ) GARAGE ( ) OUT BUILDING ( )									
DECK/PORCH/PATIO ( ) SOLAR PANELS ( ) OTHER ( )						14. HILLSIDE GREATER THAN 10% Yes No			
15. MANUFACTURED HOME: YEAR:		MODEL:		MAKE:		VIN NO.		Rehab Docs <input type="checkbox"/>	
16. CONSTRUCTION COST / CONTRACT PRICE \$				17. ESTIMATED COMPLETION DATE:					
18. 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 BOISE COUNTY ORDINANCES MAY BE SUBJECT TO ANY APPLICABLE DEED RESTRICTIONS, CODES, COVENANTS, OR RESTRICTIONS THAT RUN WITH THE LAND OR ARE OTHERWISE GOVERNED BY A HOMEOWNERS ASSOCIATION OR RELATED ARCHITECTURAL COMMITTEE. SEPARATE STATE ISSUED PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HVAC, AND MANUFACTURED HOME TRANSPORT. THIS PERMIT SHALL EXPIRE WHEN THE WORK AUTHORIZED BY SUCH PERMIT IS NOT COMMENCED WITHIN 1 YEAR AFTER ITS ISSUANCE, OR IF WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER WORK IS COMMENCED. THE BUILDING PERMIT OR COPY THEREOF SHALL BE KEPT ON SITE UNTIL THE COMPLETION OF THE PROJECT.** THE GRANTING OF A BUILDING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE, FEDERAL OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. DRIVEWAY'S SHALL NOT BE CONSTRUCTED WITH MORE THAN A 10% GRADE OR A STOP WORK ORDER MAYBE BE ISSUED OR NO CERTIFICATE OF OCCUPANCY ISSUED UNTIL CORRECTED.

PERMIT FEES		TOTAL CONSTRUCTION	
Basic	\$	VALUE \$	
PLAN REVIEW	\$	Inspection Zone: <input type="checkbox"/> A	
INSP	\$	<input type="checkbox"/> B	
GPS FEE	\$	INSPECTOR:	
WUI FEE	\$	SPECIAL APPROVALS	
R/A # FEE	\$	CDH	# Date:
TOTAL	\$		

ADDITIONAL INSPECTIONS MAY BE REQUIRED AFTER THE PLANS 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.

19A SIGNATURE OF OWNER/OWNER BUILDER (DATE)		APPLICATION ACCEPTED BY:		APPROVED FOR ISSUANCE BY:	
19B SIGNATURE CONTRACTOR/AUTHORIZED AGENT (DATE)		CHECK #	CASH	MONEY ORDER	
		RECPT #		CREDIT CARD	