A copy of plans, including a site map must be submitted to the City Council, City Maintenance and fire department for review. Applicant is responsible for getting an approval letter, permit, or Signature from each agency. **Shaded boxes filled out by the named department.**

City Council Rep:			Septic Permit #, if applicable:			
Fire Department:			Access IDed: Y / N Services: Water Sewer			
County Permit #			Setbacks Inspected: Y / N Canal*: Y / N			
BLD#			*If Yes, please attach separate letter			
			City Maintenance S	ignature:		
Owner Name:			Contractor:	ntractor:		
Mailing Address:			Mailing Address:			
Phone:			Phone:			
Email:			Email:			
Contact Person: Number: Email:				Design Criteria: Snow Load 40 PSF Seismic Classification: D Wind: 115 MPH Frost Depth: 24 in.		
Assigned Add						
		itionMove	_Roof Solar Mount	_Other		
Project Descrip	•		1			
Total Sq Ft of Project:			Parcel #	Parcel #		
Cost/Sq Ft:			Valuation:			
Idaho. Upon re on the property property, for w deputies as aut	ceiving a SIGN described and a hich this permit horized by this	ED permit, you wil in the exact manner is granted, hereby	ions and ordinances of It be granted permission described in the appro- consents to the necessal as to the approved plans	n to build, alter wed plans. The ary inspections	e, construct, or other e owner of the by all inspectors or	
County Fee 104.304.00.012.00 \$					Date	
DOPL Fees:12	0.320.00.011.00	\$				
Deposit: 133.333.00.030.00 \$			Administrator		Date	
Date:	PMT Method:	Total:	Building Inspector		Date	

Revised 10-2025

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