

Building Code: _____

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

PERMIT NO. _____

Design Review: _____

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 RP#	
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: (Total Construction Costs) \$			
ENCROACHMENT PERMIT REQUIRED:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		CONTRACTOR REGISTRATION #:	

APPLICATION ACCEPTED	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:
NOTICE		
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.		
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 COMPLY 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.		
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	

PERMIT FEE:	\$ _____
PLAN CHECK FEE:	\$ _____
FIRE DEPT. FEE:	\$ _____
ENCROACHMENT FEE:	\$ _____
PERMIT FEE SUBTOTAL:	\$ _____
WORK W/O PERMIT:	\$ _____
TOTAL:	\$ _____