

Building Permit Application

Phone (208) 414-1965

55 West Idaho

Weiser, Idaho 83672

City of Weiser

IMPORTANT—Complete All Items, Mark Boxes Where Applicable and Submit Plan

| | | | |
|---|-----|----|--|
| Location of Building | | | |
| New Water Service: | YES | NO | One set of plans shall be submitted with this application. Information on plans and specifications shall be drawn upon substantial paper or cloth, indicating the nature and extent of work. Show, in detail that it will conform to all codes, relevant laws, ordinances, rules, and regulations of the City. Plans shall include a plot plan showing the location of the proposed building and of every existing building or structure on the property. Also show the location of curb and gutter, curb-cut, and off street parking . No building to be accepted until all required inspections are made and a CERTIFICATE OF OCCUPANCY is issued. The BUILDING OFFICIAL may require plans and specifications to be prepared and designed by an architect licensed by the STATE to practice as such. The BUILDING OFFICIAL may require the land to be surveyed by a licensed surveyor as licensed by the STATE to practice as such. The BUILDING OFFICIAL shall have a minimum of ten (10) working days to approve the plans. Before a Building Permit is issued, a fee for each building permit shall be paid to the BUILDING OFFICIAL as set forth in City of Weiser resolution 522. |
| Sewer Tap: | YES | NO | |
| A. TYPE OF IMPROVEMENT | | | D. RESIDENTIAL <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family Number of units: _____ <input type="checkbox"/> Transient hotel, motel, or dormitory Number of units: _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other—Specify: _____ |
| <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter of new housing units added, if any in Part D) <input type="checkbox"/> Alteration (If residential, enter of new housing units added, if any in Part D) <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Mobile <input type="checkbox"/> Modular | | | |
| B. OWNERSHIP | | | D. COMMERCIAL <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, Towers <input type="checkbox"/> Other—Specify: _____ |
| <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government.) | | | |
| C. COST | | | G. SET BACK FOOTAGE Front yard: _____ Rear yard: _____ Side yard: _____ |
| Cost of improvement: _____ To be installed but not included in above cost a. Electrical: _____ b. Plumbing: _____ c. Heating, Air Conditioning: _____ d. Other: (elevator, etc.) _____ TOTAL COST: _____ | | | |
| E. PRINCIPLE TYPE OF FRAME | | | H. CURB AND GUTTER REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other Specify: _____ | | | |
| F. PRINCIPLE TYPE OF HEATING FUEL | | | I. TYPE OF MECHANICAL Will there be central air conditioning? <input type="checkbox"/> YES <input type="checkbox"/> NO Will there be an elevator? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other Specify: _____ | | | |
| | | | J. DIMENSIONS Number of stories: _____ Total floor area (sq. ft.): _____ Total land area (sq. ft.): _____ |
| | | | |
| | | | K. RESIDENTIAL BUILDINGS ONLY Number of bedrooms: _____ Number of full bathrooms: _____ Number of partial bathrooms: _____ |
| | | | |

IDENTIFICATION—To be completed by all applicants

| | Name | Mailing Address—Number, Street, City, State, and Zip | Phone Number |
|-------------------|------|--|--------------|
| Owner(s) | | | |
| Contractor | | | |
| Reg.# | | | |
| Architect | | | |

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 be 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.

_____/_____/_____
 Signature of Contractor or Authorized Agent Date

Application Date: ____/____/____

| | | |
|--|-----------------------------|----------------|
| THIS SPACE FOR OFFICE USE ONLY: | | |
| Approved by: | | |
| Permit Fee: | Date Issued: ____/____/____ | Permit Number: |