

# City of Donnelly, Idaho

## BUILDING PERMIT APPLICATION

**Applicant to complete numbered spaces only.**

				1. PARCEL NUMBER	R. ADDRESS PG.	JOB ADDRESS	OWNER		
2. PHYSICAL JOB ADDRESS								BUILDING PERMIT NO.	
3. LEGAL DESCR.	LOT NO.	BLK	SUBDIVISION OR TOWNSHIP, SECTION AND RANGE						
4. OWNER		MAIL ADDRESS		ZIP	PHONE				
5. CONTRACTOR		MAIL ADDRESS		ZIP	PHONE				
6. ARCHITECT		MAIL ADDRESS		ZIP	PHONE				
7. DESIGNER									
8. ENGINEER									
9. FOR MANUFACTURED HOUSING: INSTALLER AND LICENSE NUMBER									
10. 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"/> REMOVE									
11. Describe work and use									
12. Change of use from									
Change of use to									
13. Valuation of work: \$				\$	\$	\$			
SPECIAL CONDITIONS:				PLAN CHECK	PERMIT FEE	TOTAL FEE			
				Type of Const.	Occupancy Group	Division			
				Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load			
APPLICATION ACCEPTED BY		PLANS CHECKED BY		APPROVED FOR ISSUANCE BY		Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;"><b>NOTICE</b></p> <p>14. SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING VENTILATION OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>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.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)</p> <p>_____ SIGNATURE OF OWNER OR OWNER BUILDER (DATE)</p>				No. of Dwelling Units					
				Entity		Initial		Date	
				DONNELLY CITY CLERK					
				CITY P & Z ADMINISTRATOR					
				CITY ENGINEER - WATER					
				CITY ENGINEER - STORM WATER					
				FIRE DISTRICT					
				NLRSD - SEWER					
				COUNTY BUILDING INSPECTOR					
				RETURNED TO CITY CLERK					
CERTIFICATE OF OCCUPANCY									
<b>WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT</b>									