

Permit# _____

Please attach appropriate plan

Lemhi County Building Permit Application

Contractor Registration# _____

No Contractor Registration Provided

Signature: _____

Job Address:

RP#			Lot	Block	Subdivision:		
Owner Name:			Telephone:				
Mailing Address:			City/State/Zip:				
Contractor Name:			Telephone:				
Mailing Address:			City/State/Zip:				
Architect/Designer:			Telephone:				
Mailing Address:			City/State/Zip:				
Class of Work:	New	Addition	Alteration	Repair	Move	Demolish	Sign
Describe Work:			Use of Structure:				
Square Feet:		Cost Per Sq. Feet:	Valuation:				
Residential _____	Commercial 1 _____	Stories _____	Lot Size _____	Number of dwelling Units _____			

Before a building permit can be issued a valid sewage disposal permit is required by Idaho Code Title 39 Chapter 1 and Title 39 Chapter 36 and Lemhi County Ordinance No. 1987-1. If you have obtained a valid sewage permit, please provide us with the permit number and authorized signature. Please contact **Eastern Idaho Public Health** for this information Phone **756-2123**

Sewer Permit # _____

New Existing _____

Authorized Signature _____

Comments: _____

Please continue to reverse side

Will this Project be Heated?	Yes _____	No _____	Prescriptive Method _____	Performance Method _____	Heated buildings must conform with the ICC Energy Code
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Will this project have Plumbing? No Yes Contact Don Jakovac 756-3180

Will this project have Electricity? No Yes Contact Rick Doyle 879-6586

Is this project in the Flood Plain? No Yes If Yes, Elevation Certificate is Required

Is this project in the Wetlands? No Yes If Yes, Delineation from U.S. Army Corps is required 1-208-522-1645

If any of the construction above involves a home occupation, a plan of operation must be submitted

This signature acknowledges that all information on this application and the attached plans are true and correct, and that the activity permitted will be conducted in full compliance with all ordinances of Lemhi County, and state and federal law; and that the activity conducted will be in full compliance with any and all conditions imposed on this permit=s approval or the approval of previous permits (special use permits, variances etc.) required. I have received the attached instruction sheet requiring plot plan, setbacks, inspections required etc. **This structure shall not be occupied until a temporary or Certificate of Occupancy has been issued.**

This permit expires in 180 days if the activity authorized is not commenced or if the activity is commenced but abandoned for 180 days at a time before its completion.

_____ _____
 Applicants Signature Date

Zoning District	Zoning Compliance Complies Does not Comply	Fee: _____	Type of Construction _____
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Occupancy Group:	Conditions: be attached	Additional sheet may
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Permit Approved by:	Date:
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Your permit is void if your check does not clear 10/30/07

Electrical Inspector: Rick Doyle 879-6586
 Plumbing Inspector: Don Jakovac 756-3180