

Lemhi County Building Permit Application

City & County Building/Planning & Zoning Department
 200 Fulton St Suite #204 Salmon, Idaho 83467
 (208)756-2815 ext. 1703

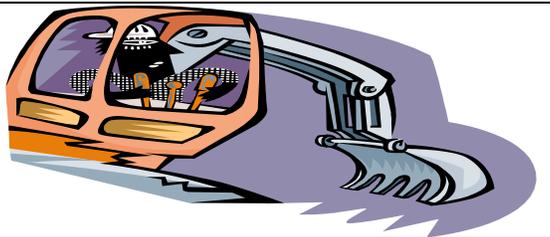
INSTRUCTIONS

1. Please fill out the enclosed applications completely. **Lack of information could delay your approval.**
 - a. The Flood Plain Development Permit only needs to be filled out if your project is within a flood hazard area (we can help you determine this if you are unsure)
2. A plot plan is required with applications that consist of exterior work. This is necessary to determine whether all setback requirements from roads, streams, creeks, rivers, property lines & existing buildings and/or structures have been met. Also include septic, drain field and replacement area locations.
 - a. Please remember it is you're responsibility to provide proof of property lines.
3. Submit your completed applications and applicable construction drawings
 - a. This is a one size fits all permit and depending on your project our office may require different items. Refer to the construction document checklist.
4. Your application and construction drawings will be reviewed for compliance with the currently adopted codes.
 - a. Remember that additional information may be requested after a plan review is done.
5. Payment and issuance of your building permit.
 - a. Once a plan review is completed your building permit will be issued and payment will be expected.
 - b. No work may commence nor will any inspection be performed prior to a building permit being issued so please plan accordingly.

Climatic And Geographic Design Criteria

Ground Snow Load	Wind Design		Seismic Design Category	Subject to Damage From			Winter Design Temp	Ice Barrier Underlayment Required	Flood Hazards	Air Freezing Index	Mean Annual Temp
	Speed (mph)	Topographic effects		Weathering	Frost line depth	Termite					
VARIES	90	NO	C&D	SEVERE	36 "	SOME	0	YES	YES	1811	44.8

Feel free to contact our office at any time if you need assistance. We are more than happy to help you.



Lemhi County Development Permit

Parcel# _____ Site Address: _____ <small>(if one has not been assigned a parcel # will suffice)</small>	Corresponding Permit # _____
---	--

Owner Information

Name:	Telephone () _____		
Mailing Address:	City:	State:	Zip:

Type of Development

Please mark the applicable development(s)

<input type="checkbox"/> New Construction <small>(must fill out section below)</small>	<input type="checkbox"/> Lot Split	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Record of Survey
--	---	---	--

<input type="checkbox"/> Residential <ul style="list-style-type: none"> ○ New Construction <ul style="list-style-type: none"> ○ Single Family Dwelling ○ Multi-Family Dwelling ○ Addition ○ Alteration ○ Garage <ul style="list-style-type: none"> ○ Detached ○ Attached ○ Accessory structure ○ Interior Remodel ○ Manufactured/Modular Home <ul style="list-style-type: none"> ○ Permanent Foundation ○ Pier set up ○ Home Occupation ○ Other: _____ 	<input type="checkbox"/> Commercial <ul style="list-style-type: none"> ○ New Construction <ul style="list-style-type: none"> ○ Multi-Family Dwelling ○ Addition ○ Alteration ○ Storage <ul style="list-style-type: none"> ○ Detached ○ Attached ○ Interior Remodel ○ Other: _____
---	---

Required Documentation to be Provided

Provided	Checked for Compliance <small>(to be filled out by the Planning & Zoning Department)</small>
<input type="checkbox"/> Plot Plan and or Plat/Record of Survey <ul style="list-style-type: none"> ○ showing setback distances from all property lines, ditches, streams, rivers, roadways and easements (public and/or private) ○ Provide compliance with safe access ○ All newly created roads and or driveways utilizing a state or federal highway must have a valid permit from ITD ○ Septic, drainfield & replacement areas 	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable

<input type="checkbox"/> Flood Plain designation- If your development is located within a flood hazard area an elevation certificate and Flood Plain Development Permit is required.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Home occupation plan of operation if applicable.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Army Corp Permit must be provided if your project is within a wetland area. Please contact (208) 522-1645	<input type="checkbox"/> Complies <input type="checkbox"/> Not Applicable

I hereby certify that the information submitted is true and correct to the best of my knowledge. I have read and understand the Lemhi County Development Code and proceed with development accordingly.

 Applicant's Signature Date

Permit Action

- Permit Approved:** The information submitted for the proposed project was reviewed and found in compliance with the applicable codes.
- Permit Denied:** The information submitted for the proposed project was reviewed and found **NOT** in compliance with the applicable codes. (explanation on file)

Authorized Signature: _____ Date: _____



Lemhi County Floodplain Development Permit

Parcel #	Site Address: (if one has not been assigned the parcel # will suffice)	Permit # FP-		
Owner Information:				
Name:		Telephone:		
Mailing Address:	City:	State: Zip:		
Contractor Information:				
Contractor Name:		Telephone:		
Company Address:	City:	State: Zip:		
Company Mailing Address:	City:	State: Zip:		
Type of Development (Please mark all that apply)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement (>50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Improvement (<50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Channelization (Requires "No-Rise" Certification) <input type="checkbox"/> Fill (Requires "No-Rise" Certification) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Bridge/Culvert (Requires "No-Rise" Certification) <input type="checkbox"/> Levee (Requires "No-Rise" Certification) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Manufactured Home (Requires Anchoring Certification) <input type="checkbox"/> Nonresidential <input type="checkbox"/> Rehabilitation (>50%) <input type="checkbox"/> Other (Please attach written explanation) </td> </tr> </table>			<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement (>50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Improvement (<50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Channelization (Requires "No-Rise" Certification) <input type="checkbox"/> Fill (Requires "No-Rise" Certification)	<input type="checkbox"/> Bridge/Culvert (Requires "No-Rise" Certification) <input type="checkbox"/> Levee (Requires "No-Rise" Certification) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Manufactured Home (Requires Anchoring Certification) <input type="checkbox"/> Nonresidential <input type="checkbox"/> Rehabilitation (>50%) <input type="checkbox"/> Other (Please attach written explanation)
<input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement (>50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Improvement (<50%) (Required detailed improvement list and appraisal/assessment value) <input type="checkbox"/> Channelization (Requires "No-Rise" Certification) <input type="checkbox"/> Fill (Requires "No-Rise" Certification)	<input type="checkbox"/> Bridge/Culvert (Requires "No-Rise" Certification) <input type="checkbox"/> Levee (Requires "No-Rise" Certification) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Manufactured Home (Requires Anchoring Certification) <input type="checkbox"/> Nonresidential <input type="checkbox"/> Rehabilitation (>50%) <input type="checkbox"/> Other (Please attach written explanation)			
Flood Hazard Data				
Water Course Name:		Special Flood Hazard Designation Zone:		
Map Panel #		Map Panel Date:		
Is Development in a Floodway?	<input type="checkbox"/> No Yes	(Yes requires a "No-Rise" certification. Development causes no increase in existing footprint or does not displace water) Floodway Panel #		
Base Flood Elevation (BFE) at development site:		Source of BFE determination:		
If no BFE is available indicate highest adjacent grade:		Source of highest adjacent grade:		
Elevation required for lowest floor		Elevation required for flood proofing		

I hereby certify that the information submitted is true and correct to the best of knowledge. I have read and understand the Lemhi County Development Code and proceed with development accordingly. I will submit a post construction elevation certification (on required structures)

Owner Signature: _____

Date: _____

Flood Plain Development Review Checklist
(For Community Use)

Name:	Permit # FP-
-------	---------------------

Forms Required

- Current Appraisal or Assessor's Valuation
Value: _____ Source: _____
 - Provided
 - N/A
- Elevation certificate lowest floor elevation is at or above BFE
 - Provided
 - N/A
- Elevation certificate lowest floor elevation is at or above highest adjacent grade
 - Provided
 - N/A
- Placement of fill certification
 - Provided
 - N/A
- Manufactured home anchoring certification
 - Provided
 - N/A
- Engineering "No-Rise Certification)
 - Provided
 - N/A
- Engineering data provided for "No-Rise" Certification- Acceptance of data by regional FEMA office.
 - Provided
 - N/A
- Other
 - Provided
 - N/A

Permit Action

- Permit Approved:** The information submitted for the proposed project was reviewed and is in compliance with the approved flood plain management standards.
- Permit Denied:** The proposed project does not meet approved flood plain management standards. (explanation on file)
- Variance Granted:** A variance was granted from the base (100 year) flood elevations established by FEMA consistent with variance requirements of NFIP regulations Part 60.6 (Variance action documentation is on file)

Floodplain Administrators Signature

Date

Lemhi County Floodway “No-Rise/No-Impact Certification

This document is to certify that I am a duly qualified engineer licensed to practice in the State of

Idaho. It is to further certify that the attached technical data supports the fact that the

proposed _____ project will not impact the base flood elevations, floodway

Project Name

elevations, and floodway widths on the _____ at published cross sections in the

Waterway Name

Flood Insurance Study for Lemhi County, Community Panel # _____ dated

_____ and will not impact the base flood elevations, floodway elevations, and floodway

widths at the unpublished cross-sections in the area of the proposed development.

Name

Title

Address

Seal, Signature and Date

For Community Use Only:	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
Community Official's Name: _____	Signature: _____

208-756-6913 Ext 263

Lemhi County Building Permit Application



Permit # _____

Please Attach Appropriate Plans

Contractor Registration #

No Contractor Registration Provide
Signature: _____
(see attached document before signing)

Job Address:

RP#	Lot	Block	Subdivision:
------------	-----	-------	--------------

Owner Name: _____ Telephone: _____

Mailing Address: _____ City/State/Zip: _____

Email Address:

Contractor Name: _____ Telephone: _____

Mailing Address: _____ City/State/Zip: _____

Email Address:

Registered Design Professional: _____ Telephone: _____

Email Address:

Mailing Address: _____ City/State/Zip: _____

Class of Work: (put an x)	New _____	Addition _____	Alteration _____	Repair _____	Move _____	Demolish _____	Sign _____
------------------------------	--------------	-------------------	---------------------	-----------------	---------------	-------------------	---------------

Describe Work: _____ Use Of Structure: _____

Square Feet: _____ Cost Per Square Foot: _____ Valuation: _____

Residential: _____	Commercial: _____	Stories: _____	Lot Size: _____	Number of Dwelling Units _____
-----------------------	----------------------	-------------------	--------------------	-----------------------------------

If your construction activity will increase volume of sewage waste, alter intended use of present sewage system, intend use of an abandoned sewage system, or require a new sewage system you will need to visit with Eastern Idaho Public Health concerning any applicable rules and regulations their agency may require from you. You may contact EIPH at (208) 756-2123

This signature acknowledges you have read the above statement concerning septic activity.

Signature: _____ Date: _____

Please continue to reverse side
Revised 8/5/13

Will This Project Be Heated?	Yes _____	If heated mark which Insulation Requirement <i>Prescriptive or Performance</i>	Prescriptive Method _____	Heated buildings must conform with the ICC Energy Code	Performance Method: _____
	Or No _____		Windows- U-Value.35 or less Ceiling - R49 ; Wall- R20 Floor - R30 ; Slab- R10 (4 feet) Basement wall – continuous R15 , framing R19	(Res-check) www.energycodes.gov	

Will this project have Plumbing?	No	Yes	Contact 208-332-7132
---	----	-----	----------------------

Will this project have Electricity	No	Yes	Contact 208-332-8970
---	----	-----	----------------------

Will this project have HVAC? (heating venting and cooling)	No	Yes	If yes please obtain a HVAC Permit at the Building Department
---	----	-----	---

Flood Plain Designation? *The Building Department can assist you with this determination	Zone: _____	**Flood Plain Designations can require an elevation certificate as per the Lemhi County Code and the requirements of FEMA so please plan accordingly.	
--	-------------	--	--

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

Will your project involve the removal of any asbestos-containing waste materials?	No	Yes	If Yes, please visit the listed website for more information. http://yosemite.epa.gov/R10/OWCM.NSF/asbestos/neshap+notification
---	----	-----	--

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 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	Complies Zoning Compliance Does Not Comply	Fee: <i>Your permit will be considered void if a check submitted as payment is returned.</i>	Type of Construction:
------------------------	--	---	-----------------------

Occupancy Group:	Conditions:	Additional sheet may be attached
-------------------------	-------------	----------------------------------

Permit Approved By:	Date:
----------------------------	--------------

Please make checks payable to **Lemhi County**

Requirements for ALL Construction Plans

***Please use scale of ¼ inch scale for all drawings**

Please remember that additional information may be needed depending on the type of development and or construction, See additional checklist (all corrections or changes must be made to the plans not just noted on the checklist)

- **Foundation Plan & Detail (Includes Decks)**
 - All footing, stem wall, pier sizes and retaining walls
 - Size & Placement of all reinforcement
 - Depth of footing
 - Type & Location of all anchorage hardware.
 - Depending on soil foundation may need to be engineered (we can help determine this)

- **Floor Plan (must include all levels of structure)**
 - The use of each room
 - All window & door sizes & types
 - All header sizes & materials
 - Indicate required safety glazing at all hazardous locations
 - Note the square footage of each floor (measured to the outside wall)
 - Note all required fire separation

- **Floor Framing Plan (for each floor)**
 - Floor joist, size, spacing, species, grade or manufacturer and series of engineered wood.
 - All beam sizes on plan (include design calculations)
 - Layout of submitted floor trusses must match plan layout
 - Deck ledger framing including ledger attachment
 - Methods of support

- **Roof Framing Plan**
 - Rafter size, spacing, species, grade, or manufacturer and series of engineered wood.
 - Truss layout diagram and specification details for each truss (must include engineered truss plans from manufacturer)
 - All beam sizes (include design calculations)
 - Complete details of over-framing support and connections
 - Methods of support
 - All methods of uplift restraint

- **Building Bracing Plan**
 - Methods and locations of all wall bracing: braced wall panels, alternate panel or narrow portal, continuously sheathed or engineered shear design. INCLUDE required interior braced wall lines.
 - All hold-down locations

- **Building Cross Sections (Must show all levels of structure)**
 - Identify all construction materials
 - Complete stair detail (if applicable)
 - Slope of adjacent grade and clearance to framing and siding.

Additional Construction Checklist

If you are constructing a New Home, Addition or any Heated Attached or Detached Accessory Building please include the following construction documents.

- Heating, Cooling & Ventilation (a separate HVAC Permit will be required from our office)**
 - Location, type & fuel source of all fuel burning appliances (please include on floor plan) **Must include an installation plan & Heat Calc**
 - Indicate the location and CFM of all required mechanical ventilation
 - Method & amount of crawl space ventilation
 - Crawl space & attic access location & opening size
 - Woodstoves can't be utilized as your primary source of heat regardless if the structure is seasonal or not
- Safety**
 - Indicate location of all required emergency egress openings
 - Show all smoke detector and carbon monoxide detector locations
 - Complete stair detail showing rise, run, handrail/guardrail height & size and headroom.
- Energy (All heated structures must comply with the currently adopted energy code)**
 - **Prescriptive Method** of insulation & u-value requirement

Residential Prescriptive

Climate Zone	U-Factor	Skylight U-Factor	Glazed Fenestration U-Factor	Ceiling R-Value	Wood frame wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value & Depth	Crawl Space Wall R-Value
6	0.35	0.60	NR	49	20 or 13+ 5h	15/19	30g	15/19	10,4ft	10/13

g. Or insulation sufficient to fill the framing cavity, R-19 Minimum

h. "13+5" means R-13 cavity plus R-5 insulated sheathing. If structural sheathing covers more than 25 percent of exterior, structural sheathing shall be supplemented with insulation sheathing of at least R-2

Log Home Prescriptive

Climate Zone	Fenestration U-Factor	Skylight U-Factor	Glazed Fenestration SHGC	Ceiling R-Value	Min. Average Log Size in Inches	Floor R-Value	Basement Wall R-Value	Slab R-Value & Depth	Crawl Space Wall R-Value
6	0.30	0.60	NR	49	8	30	15/19	10, 4ft	10/13

- **Performance Method** of insulation (visit rescheck.gov and/or comcheck.gov for more information)

**POST THIS CARD AT OR NEAR FRONT OF BUILDING
CITY & COUNTY BUILDING DEPARTMENT
INSPECTION RECORD (208) 756-2815 ext. 1703**

Owner _____ Building Permit No. _____

Type _____ Occupancy _____ Date Issued _____

PLEASE KEEP IN A SAFE PLACE - THIS IS FOR YOUR RECORDS
REMEMBER: NO WORK IS TO BE COVERED OR GO BEYOND THE POINT OF INSPECTION UNTIL IT IS INSPECTED.

INSPECTION	DATE	INSPECTOR
Footing, Foundation, & Slab Floor Inspections		
1. FOOTINGS: Before Concrete is poured - Setbacks, Trenches, Footings -Reinforcing Order concrete at your own risk! Inspections must be done and passed before pouring		
2. STEMWALLS: Before Concrete is poured Foundation Walls - Reinforcing. Order concrete at your own risk! Inspections must be done and passed before pouring		
3. FLOOR: Before Concrete is poured and after Under Floor Services has been signed off by our office & Plumbing Inspector if applicable. Order concrete at your own risk! Inspections must be done and passed before pouring		
Frame Inspection		
4. Framing Inspection: After roof, masonry, all framing, fire-stopping, draft-stopping and bracing are in place and after the plumbing, mechanical and electrical rough inspections are approved.		
Insulation Inspection		
5. Insulation Inspection: After all penetrations have been sealed and the Insulation has been installed. (Refer to Res-Check)		
Sheetrock Inspection		
6. Sheetrock Inspection: After Sheetrock is hung, but before it is taped		
Final		
7. Final Inspection: Please call after Electrical & Plumbing has been finaled and building is complete.		

REMEMBER: NO WORK IS TO BE COVERED OR GO BEYOND THE POINT OF INSPECTION UNTIL IT IS APPROVED. Re-inspections will be billed at the rate of \$50.00 per inspection. If the inspection takes more than one hour to complete, you will be billed at the rate of \$50.00 per hour. Please remember to obtain a certificate of occupancy. **Failure to call for inspections will result in a violation. 1st offense \$100.00, 2nd offense \$250.00, 3rd offense \$500.00, 4th offense misdemeanor.**