



Minidoka County Building Permit Application

715 G Street P.O. Box 368, Rupert, Idaho 83350-0368
Office: (208) 436-7183 Fax: (208) 436-1580
Web: www.minidoka.id.us

TYPE:

- COMMERCIAL
- RESIDENTIAL

NOTE: Separate Permits are Required For Electrical, Plumbing and HVAC

Applicant/Primary Contact:		Date:
Phone:	Cell:	Parcel #:
Email:		Valuation: \$
Property Address:		Zoning: <input type="checkbox"/> AH <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> RH
City:	County:	<input type="checkbox"/> RM <input type="checkbox"/> RL <input type="checkbox"/> RL <input type="checkbox"/> CL <input type="checkbox"/> CG <input type="checkbox"/> IL
Building Use Details:		<input type="checkbox"/> IH
Main Sq. Ft:	Shop/Garage Sq ft:	Construction Type:
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Other		<input type="checkbox"/> IA <input type="checkbox"/> IIA <input type="checkbox"/> IIIA <input type="checkbox"/> IVA <input type="checkbox"/> VA <input type="checkbox"/> IB
Applicable Fire District:		<input type="checkbox"/> IIB <input type="checkbox"/> IIIB <input type="checkbox"/> IVB <input type="checkbox"/> VB
Signature:		Occupancy Classification: (IBC)
(Signature shall submit proof that designated entity is notified of this application and that said entity may submit in writing its review proposal and comments relative to the matter for which permit is sought.) Submit Copy with Application		Recorded Deed #

Property Owners

Name(s):	Address:	
Email:	City:	State:
Phone:	Cell:	Zip:

Contractor

Company:	Address:	
Contact Name:	City:	State:
ID Lic./Registration#:	Expire Date:	Zip:
Email:	Phone:	Cell:

Required Submittals

Two (2) sets of plans that include each of the following:

****Applications will not be accepted without all submittals** Approx 5-10 Business Days for Review**

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Obtain Address from City/County
<input type="checkbox"/> Foundation or Basement Plan	<input type="checkbox"/> Provide Receipt of Utility Hook-up Fees(City Only)
<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Written Zoning Approval from City (Email or Hard Copy)
<input type="checkbox"/> Elevation Plan	<input type="checkbox"/> Septic Permit # (County Only) South Central Health District 678-8221
<input type="checkbox"/> Siding & Roof Pitch	<input type="checkbox"/> Drive Approach Approval(County Only)Minidoka County Hwy District
<input type="checkbox"/> Window and Door Schedule	<input type="checkbox"/> Irrigation District or Canal Company
<input type="checkbox"/> Wall Cross Section	(Submit Copies of All Approvals With Application)

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION IS NOT COMMENCED WITHIN 180 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK HAS COMMENCED.

I hereby apply for a permit to do the work stated above. I understand that any variance from the permit will require an amendment to the permit or require a new permit application. I hereby certify that a final inspection will be obtained by the Minidoka County Building Department prior to use or occupancy of the structure. Additionally I hereby authorize agents of the County to enter this subject property for the purpose of determining compliance with applicable county regulations and shall fully cooperate with agents in such compliance audits.

Applicant/Authorized Agent Signature:	Date:
Received By:	Date: