



MINOR BUILDING PERMIT APPLICATION

KOOTENAI COUNTY COMMUNITY DEVELOPMENT
451 Government Way, Coeur d'Alene, ID 83814 (208) 446-1070

AGENCY USE ONLY

PERMIT #: _____
SDP #: _____
ELECTRONIC SUBMITTAL: YES: _____ NO: _____

PLEASE **COMPLETE ALL** APPLICABLE FIELDS BELOW

DESIGNATED CONTACT PERSON

NAME: _____
PHONE: _____ CELL: _____
EMAIL: _____

PARCEL INFORMATION

PARCEL #: _____ SERIAL/AIN #: _____

PROPERTY OWNER

NAME: _____
MAILING ADDRESS: _____
CONTACT INFORMATION: _____
PHONE: _____ EMAIL: _____

DESIGN TEAM INFORMATION

ARCHITECT: _____ PHONE: _____ EMAIL: _____
DESIGNER: _____ PHONE: _____ EMAIL: _____
ENGINEER: _____ PHONE: _____ EMAIL: _____
CONTRACTOR INFORMATION: _____
MAILING ADDRESS: _____
ID REGISTRATION #: _____ PHONE: _____ EMAIL: _____

JOB ADDRESS: _____
DIRECTIONS TO THE SITE FROM COEUR D'ALENE: _____

REQUIRED PROJECT INFORMATION

IF THIS IS AN ALTERATION TO AN EXISTING BUILDING A FLOOR PLAN OF THE ENTIRE BUILDING IS REQUIRED (MAY BE LINE DRAWN). IF ANY STRUCTURAL WORK IS INVOLVED, COMPLETE CONSTRUCTION DETAILS ARE REQUIRED FOR THAT PORTION OF WORK. REPLACED WINDOWS ARE REQUIRED TO BE IN COMPLIANCE WITH CURRENT BUILDING CODE. SIDING REPLACEMENT REQUIRES BUILDING CODE COMPLIANT BUILDING WRAP, AIR SEAL AND FLASHING.

RESIDENTIAL

INTERIOR ALTERATION: _____ RETAINING WALL: _____ RE-ROOF: _____ SIDING: _____ WINDOW REPLACEMENT: _____
DEMOLITION: _____ OTHER: _____ VALUATION: _____
AGRICULTURAL EXEMPT (SPECIAL CONDITIONS APPLY): _____
IF **ALTERATION** TO EXISTING DWELLING, # OF EXISTING BEDROOMS: _____ TOTAL # OF BEDROOMS AFTER CONSTRUCTION: _____

COMMERCIAL

(IDAHO LICENSED ARCHITECT MAY BE REQUIRED)

INTERIOR ALTERATION: _____ RETAINING WALL: _____ RE-ROOF: _____ SIDING: _____ WINDOW REPLACEMENT: _____
DEMOLITION: _____ OTHER: _____ VALUATION: _____

OTHER INFORMATION

RETAINING WALL (LICENSED ENGINEERED PLANS AND CALCULATIONS ARE REQUIRED): LENGTH: _____ HEIGHT: _____
RE-ROOF: TEAR OFF: _____ OVERLAY: _____ IF OVERLAY, HOW MANY EXISTING LAYERS REMAIN? _____

DEVELOPMENT INFORMATION

IS PARCEL LOCATED IN THE SPECIAL FLOOD HAZARD AREA? YES: _____ NO: _____
IF YES, WILL FILL BE USED TO ELEVATE THE PROPOSED STRUCTURE? YES: _____ NO: _____ IF YES, HOW MUCH? _____ CUBIC YARDS
IS THE SITE WITHIN 500 FT OF SURFACE WATER? YES: _____ NO: _____ IF YES, DOES THE SLOPE EXCEED 10%? YES: _____ NO: _____
WILL THE PROPOSED SITE DISTURBANCE AFFECT MORE THAN 1/3 OF THE PARCEL? YES: _____ NO: _____
ARE THERE ANY CODE VIOLATIONS ON THIS PARCEL? YES: _____ NO: _____ CV#: _____

TURN OVER AND CONTINUE TO PAGE 2 OF APPLICATION

DESCRIBE THE PROPOSED SCOPE OF WORK: _____

CONDITIONS

1. THIS APPLICATION IS NOT AUTHORIZATION FOR ANY WORK TO COMMENCE.
2. THIS APPLICATION SHALL BE DEEMED AS BEING CANCELLED IF NOT ISSUED WITHIN 180 DAYS AFTER THE DATE OF FILING, UNLESS SUCH APPLICATION HAS BEEN PURSUED IN GOOD FAITH.
3. ANY PERMIT WHICH MAY BE ISSUED AS A RESULT OF THIS APPLICATION SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE, OR, IF THE AUTHORIZED WORK IS ABANDONED OR SUSPENDED FOR A PERIOD OF 180 DAYS.
4. IF AUTHORIZED BY A PERMIT, THE PROPOSED WORK MUST COMPLY WITH ALL ADOPTED CODES, ORDINANCES, STATUTES, AND POLICIES OF KOOTENAI COUNTY AND ANY OTHER AUTHORITY HAVING JURISDICTION.
5. INSPECTIONS MUST BE REQUESTED AND APPROVED PRIOR TO CONTINUING TO ANY SUBSEQUENT PHASE OF CONSTRUCTION.
6. ALL PERMITS FOR STRUCTURES OR MODIFICATIONS TO STRUCTURES THAT WILL BE OCCUPIED ARE REQUIRED TO RECEIVE A CERTIFICATE OF OCCUPANCY.
7. PER IDAHO STATUTE, KOOTENAI COUNTY ONE CALL MUST BE CALLED (811) AT LEAST 2 WORKING DAYS PRIOR TO ANY EXCAVATION.

NON-REFUNDABLE PLAN REVIEW FEES ARE DUE AT THE TIME OF SUBMITTAL

BY THIS SIGNATURE, I HEREBY ACKNOWLEDGE THAT THE ATTACHED SITE PLAN IS A TRUE AND ACCURATE REPRESENTATION OF THE SITE. I ATTEST THAT THE BUILDING PERIMETER AND PROPERTY LINES WILL BE CLEARLY MARKED AT THE TIME OF THE FIRST INSPECTION. I ASSUME ALL RESPONSIBILITY FOR ANY INACCURACIES CONTAINED HEREIN.

I HAVE ALSO CAREFULLY READ AND COMPLETED THIS APPLICATION AND ACKNOWLEDGE THAT THE SAME IS TRUE AND CORRECT.

OWNER OR AUTHORIZED AGENT SIGNATURE

DATE

(PRINT NAME)