



# SITE DISTURBANCE PERMIT APPLICATION

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

## AGENCY USE ONLY

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

COMMERCIAL: \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_

DOES THE SITE SLOPE EXCEED 10%? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IS THE SITE WITHIN 500 FT OF SURFACE WATER? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IS PARCEL LOCATED IN THE SPECIAL FLOOD HAZARD AREA? YES: \_\_\_\_\_ NO: \_\_\_\_\_

WILL THE PROPOSAL RESULT IN MORE THE 1/3 OF PARCEL DISTURBED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE THERE ANY CODE VIOLATIONS ON THIS PARCEL? YES: \_\_\_\_\_ NO: \_\_\_\_\_ CV#: \_\_\_\_\_

DESCRIBE THE PROPOSED SCOPE OF WORK IN DETAIL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE:** ANY CONSTRUCTION OR OTHER IMPROVEMENTS, INCLUDING BUT NOT LIMITED TO RETAINING WALLS, MAY REQUIRE ADDITIONAL PERMITS FROM KOOTENAI COUNTY OR OTHER AGENCIES THAT HAVE JURISDICTION. PLEASE CONTACT OUR OFFICE FOR MORE INFORMATION.

**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)