



BUILDING PERMIT APPLICATION

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

AGENCY USE ONLY
PERMIT # _____
SDP # _____

PARCEL INFORMATION

PARCEL #: _____ SERIAL/AIN #: _____

PROPERTY OWNER

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

DESIGNATED CONTACT INFORMATION

NAME: _____

MAILING ADDRESS: _____

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

RESIDENTIAL

NEW: _____ ALTERATION: _____ POLE STRUCTURE: _____ VALUATION: _____

HABITABLE SQ FT: _____ GARAGE/SHOP SQ FT: _____ DECK SQ FT: _____ COVERED PATIO/PORCH SQ FT: _____

IF **NEW** DWELLING, NUMBER OF BEDROOMS ON PLAN: _____

IF **ALTERATION** TO EXISTING DWELLING, # OF EXISTING BEDROOMS _____ TOTAL # OF BEDROOMS AFTER CONSTRUCTION: _____

COMMERCIAL

(IDAHO LICENSED ARCHITECT MAY BE REQUIRED)

NEW: _____ ALTERATION: _____ POLE STRUCTURE: _____ VALUATION: _____

OCCUPANCY CLASSIFICATION 1) _____ CONSTRUCTION TYPE: _____ AREA: _____

OCCUPANCY CLASSIFICATION 2) _____ CONSTRUCTION TYPE: _____ AREA: _____

OCCUPANCY CLASSIFICATION 3) _____ CONSTRUCTION TYPE: _____ AREA: _____

DEVELOPMENT INFORMATION

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

IF YES, A FLOOD DEVELOPMENT REVIEW WILL BE REQUIRED.

VALUATION OF IMPROVEMENT(S): _____

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: ___ DOES THE SLOPE EXCEED 10%? YES: ___ NO: ___

WILL THE PROPOSED SITE DISTURBANCE AFFECT MORE THAN 1/3 OF THE PARCEL? YES: ___ NO: ___

WHAT IS THE CUBIC VOLUME OF THE PROPOSED SITE DISTURBANCE? _____ CUBIC YARDS

ARE THERE ANY CODE VIOLATIONS ON THIS PARCEL? YES: ___ NO: ___ CV#: _____

DESCRIBE THE PROPOSED SCOPE OF WORK:

PLAN REQUIREMENT CHECKLIST

SELECTION OF ALL RELEVANT PORTIONS IN THIS CHECKLIST ARE REQUIRED

THE FOLLOWING CHECKLIST CONTAINS THE MOST COMMON MINIMUM REQUIREMENTS FOR CONSTRUCTION PLANS FOR A NEW BUILDING. DEPENDING ON MORE SPECIFIC INDIVIDUAL DESIGN OPTIONS, ADDITIONAL REQUIREMENTS MAY BE NECESSARY. RELEVANT PORTIONS OF THIS LIST ALSO APPLY TO SMALLER CONSTRUCTION PROJECTS SUCH AS DECKS, ADDITIONS, ETC.

1. ELEVATIONS:

- _____ PROVIDE AN ELEVATION VIEW OF ALL SIDES OF THE STRUCTURE WHERE THERE IS PROPOSED WORK
- _____ ACCURATELY INDICATE THE ADJACENT GRADE AND SLOPE WITHIN 20' IN ALL DIRECTIONS FROM THE STRUCTURE

2. FOUNDATION PLAN AND DETAILS (INCLUDE COMPLETE DIMENSIONS):

- _____ ALL FOOTING, STEM WALL, PIER SIZES AND RETAINING WALLS
- _____ SIZE AND PLACEMENT OF ALL REINFORCEMENT
- _____ DEPTH OF FOOTINGS BELOW GRADE FOR FROST BURIAL
- _____ TYPE AND LOCATION OF ALL ANCHORAGE HARDWARE. INCLUDE THE **SPECIFIC** TYPE OF HOLD DOWNS
- _____ METHOD AND AMOUNT OF CRAWL SPACE VENTILATION OR CONDITIONING
- _____ CRAWL SPACE ACCESS LOCATION AND OPENING SIZE
- _____ POST LAYOUT (DECKS, POLE STRUCTURES, ETC.)
- _____ POST HOLE SIZE (INCLUDING PUNCH PAD IF APPLICABLE)

3. FLOOR PLANS FOR EACH LEVEL WHICH INDICATE (INCLUDE COMPLETE DIMENSIONS):

- _____ THE INTENDED USE OF EACH ROOM INCLUDING BONUS ROOMS
- _____ ALL WINDOWS AND DOOR SIZES AND TYPE. INDICATE ALL REQUIRED EMERGENCY EGRESS OPENINGS
- _____ THE LOCATIONS OF ALL FIRE PROTECTION ELEMENTS, SMOKE DETECTORS AND CARBON MONOXIDE DETECTORS
- _____ REQUIRED SAFETY GLAZING AT ALL HAZARDOUS LOCATIONS IN ACCORDANCE WITH R308.4
- _____ LOCATION, TYPE AND FUEL SOURCE OF ALL FUEL BURNING APPLIANCES
- _____ THE LOCATION AND TYPE OF VEHICLE IMPACT PROTECTION DEVICES (SUCH AS BOLLARDS)
- _____ THE LOCATION AND CFM OF ALL REQUIRED MECHANICAL VENTILATION
- _____ ALL REQUIRED FIRE SEPARATION DETAILED ON THE PLAN

4. BUILDING CROSS SECTIONS AS NECESSARY WHICH CLEARLY SHOW ALL LEVELS OF THE STRUCTURE (INCLUDE COMPLETE DIMENSIONS):

- _____ IDENTIFY ALL CONSTRUCTION MATERIALS INCLUDING INSULATION
- _____ WALL FRAMING COMPONENTS
- _____ COMPLETE STAIR, HANDRAIL AND GUARD DETAILS
- _____ CLEARANCE FROM GRADE OR SLAB TO FRAMING AND SIDING

5. FLOOR FRAMING PLAN FOR EACH FLOOR AND DECK (INCLUDE COMPLETE DIMENSIONS):

- _____ FLOOR JOIST SIZE, SPACING, SPECIES, GRADE, OR MANUFACTURER AND SERIES IF ENGINEERED WOOD
- _____ ALL BEAM SIZES ON THE PLAN (INCLUDE DESIGN CALCULATIONS IF MORE THAN 6')
- _____ LAYOUT OF SUBMITTED FLOOR TRUSSES MUST MATCH PLAN LAYOUT
- _____ DECK FRAMING, STAIR, GUARD, HANDRAIL DETAILS AND SPECIFIC HARDWARE REQUIREMENTS
- _____ METHODS OF SUPPORT AND ALL CONNECTING HARDWARE
- _____ DECK LEDGER ATTACHMENT AND FLASHING DETAIL
- _____ DECK LATERAL RESTRAINT DETAIL
- _____ SLAB REQUIREMENTS

6. ROOF FRAMING PLAN (INCLUDE COMPLETE DIMENSIONS):

- RAFTER SIZE, SPACING, SPECIES, GRADE, OR MANUFACTURER AND SERIES IF ENGINEERED WOOD
- TRUSS LAYOUT DIAGRAM AND SPECIFICATION DETAILS FOR EACH TRUSS (MUST BE CONSISTENT WITH SNOW LOAD CATEGORY)
- ALL BEAM SIZES ON THE PLAN. PROVIDE DESIGN CALCULATIONS FOR ANY BEAM EXCEEDING 6' IN LENGTH
- ALL OPENING HEADER SIZES AND MATERIAL. PROVIDE DESIGN CALCULATIONS FOR ANY HEADER EXCEEDING 6' IN LENGTH
- LAYOUT OF SUBMITTED ROOF TRUSSES MUST MATCH PLAN LAYOUT
- COMPLETE DETAILS OF OVER-FRAMING SUPPORT AND CONNECTIONS
- METHODS OF SUPPORT AND ALL CONNECTING HARDWARE
- ALL METHODS OF UPLIFT RESTRAINT INDICATE **SPECIFIC** HARDWARE TO BE USED

7. BUILDING BRACING PLAN, PRESCRIPTIVE (INCLUDE COMPLETE DIMENSIONS):

METHODS AND LOCATIONS OF ALL WALL BRACING, INCLUDING REQUIRED INTERIOR WALLS:

- CONTINUOUSLY SHEATHED METHOD, LOCATIONS, PERCENTAGES OF COUNTABLE PANELS, DETAIL
- INTERMITTENT BRACED WALL PANELS, LOCATION, LENGTHS, TYPE, DETAIL
- ALTERNATE PANEL, LOCATIONS, LENGTHS, DETAIL
- WORKSHEET FOR WIND ADJUSTMENT FACTORS

ALL HOLD DOWN AND OTHER HARDWARE LOCATIONS. INDICATE THE SPECIFIC HARDWARE TO BE USED.

- TO FOUNDATION
- TO FLOOR BELOW
- TO HEADER
- BRACING OF TRUSSES TO WALL

8. ENERGY CODE COMPLIANCE (CHECK ONE):

RESIDENTIAL:

- DEMONSTRATE COMPLETE PRESCRIPTIVE COMPLIANCE FROM IRC N1102.1 CLIMATE ZONE 5 VALUES ON THE PLAN,
- OR** RESCHECK ENERGY COMPLIANCE CERTIFICATE (NOTE: RESCHECK MUST MATCH THE VALUES ON THE PLAN.)
- DUCT AND AIR HANDLER LOCATION NOTED (IF LOCATED IN UNCONDITIONED SPACE, DUCT LEAKAGE TESTING IS REQUIRED)

COMMERCIAL:

- COMCHECK ENERGY COMPLIANCE CERTIFICATES (NOTE: COMCHECK MUST MATCH THE VALUES ON THE PLAN)

9. HVAC REQUIREMENTS-RESIDENTIAL (CHECK ONE):

- HVAC REVIEW FORM
- MANUAL J CALCULATIONS
- MANUAL D CALCULATIONS AND DUCT LAYOUT SCHEMATIC DRAWING
- MANUFACTURER'S PERFORMANCE DATA SHEETS

10. ENVELOPE AIR SEAL METHOD (CHECK ONE):

- BLOWER DOOR TEST
- INSPECTION PER IRC TABLE 1102.4.2

DUCT LEAKAGE TEST (IF DUCTS ARE LOCATED IN UNCONDITIONED SPACE) (CHECK ONE):

- AT ROUGH IN
- AT FINAL INSPECTION

11. COMMERCIAL (IDAHO LICENSED ARCHITECT IS REQUIRED)

- CODE ANALYSIS (HEIGHT, AREA, TYPE OF CONSTRUCTION, OCCUPANCY CLASSIFICATION, TYPE OF SPRINKLERS IF PROVIDED, SEPARATED/NON-SEPARATED USE)
- EXITING PLAN
- FIRE RESISTIVE CONSTRUCTION DETAILS
- ACCESSIBILITY PLAN AND DETAILS
- MECHANICAL PLAN

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)