



**BLAINE COUNTY BUILDING SERVICES
BUILDING PERMIT APPLICATION**

Permit # _____

*****Applications must include supporting documentation. Incomplete applications cannot be accepted. *****
*****Structural design must conform to the 2012 International Building Code and Blaine County Building Code. *****
*****Please refer to the checklist which accompanies this application for further instructions. *****

Contact Information

Contact Person: _____ preferred phone: _____

Owner: Name: _____ preferred phone: _____
Email: _____
Mailing Address: _____ (fax): _____

Contractor: Name: _____ Reg. # _____ preferred phone: _____
Email: _____ Mailing Address: _____ (fax): _____

Architect: Name: _____ preferred phone: _____ email: _____
Mailing Address: _____ (fax): _____

Engineer: Name: _____ preferred phone: _____ email: _____
Mailing Address: _____ (fax) _____

Location

Job Site: Street Address: _____ Contact Name and Cell Phone: _____

Legal Info: Subdivision: _____ Lot # _____ Block # _____ Tax Lot _____ Parcel # RP- _____

Zoning

Have you had a zoning pre-review done on this project? Yes ____ (Please include) No ____

Zoning: _____ Floodplain? YES ____ NO ____

Conditional Use Permit or Variance? YES ____ NO ____

Is the proposed structure within designated Building Envelope? YES ____ NO ____

Proposed set backs from property line: Front: _____ Side: _____ Rear: _____ Building Height: _____

Do plans demonstrate compliance with county code §9-29A and include height, type, and boundary of outdoor lighting? YES ____ NO ____

BuildSmart Energy Code and Exterior Renewable Energy Mitigation Program (EREMP)

Have you had a BuildSmart Energy pre-review on this project? YES ____ (Please include) NO ____

What compliance path will be used?

A. Performance ____ Pre-Construction HERS rating ____ (Please submit a Building File Report and Home Energy Rating Certificate of proposed home)

B. Prescriptive ____

C. LEED ____ NGBS ____ Certification Level Required ____ (Please submit a checklist that supports the required level of certification)

Is a snowmelt system, heated pool > 200 sq.ft. spas > 64 sq. ft. proposed? NO ____ YES ____ (Please include the EREMP calculation worksheet and Ground Source Heat Pump Source Certification if applicable)

Is this project a "Remodel"? Yes ____ (please attach the required energy audit) NO ____

Is this project a "Renovation"? Yes ____ (please include professional energy audit) NO ____

Building Information

(Check one) New Single Family Residence _____ Addition _____ Alteration _____ Garage _____ Commercial _____ ADU _____
Solar _____ Ag Building _____ Storage Building _____ Deck _____ Cell Tower _____ Move _____ Demolition _____ Other _____
Square footage of: Existing: _____ New or Altered: _____ Living Area: _____ Garage: _____ Basement: _____ Total: _____
Value of Improvements: \$ _____ (Valuation is subject to alteration by Building Official, per Blaine County Code)
Proposed Heating System: gas _____ electric _____ radiant _____ solar _____ other _____
Truss Manufacturer: _____ Job Number: _____ Snow Load: _____

Other Approvals

State Road Access Permit # _____ County Road Access Permit # _____ Private Road? _____
Idaho Power _____ IDWR _____ DEQ _____

Water/Wastewater & Fire

South Central Health District: Health Dept Approval Signature X _____
Sewage Receipt # _____ Permit # _____ Mound or Bond: _____
Fire District Requirements: _____
Rural Fire Chief Signature X _____

PROVIDE ALL STATE PERMIT #'S & SUB CONTRACTORS PRIOR TO FRAMING

ACKNOWLEDGMENT: This permit becomes NULL AND VOID if work or construction authorized has not commenced within two (2) years. Extension of the Building Permit may be granted per BC Building Code. FINAL INSPECTIONS ARE REQUIRED. Plumbing and electrical permits and inspections are your responsibility. CERTIFICATE OF OCCUPANCY IS REQUIRED PURSUANT TO BUILDING CODE. The granting of a permit does not presume to give authority to violate or cancel the provision of any other, Federal, State, or local law regulating construction or the performance of construction. The applicant may be required to substantiate from an **Idaho licensed** mechanical, structural or civil engineering concerning the project at the request of the Building Official. Associated costs shall be the financial responsibility of the applicant. Building permits are non-transferable and fees are non-refundable per Blaine County Code.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND ALL ASSOCIATED PLANS AND INFORMATION, AND KNOW THE SAME TO BE TRUE, CORRECT AND COMPLETE REPRESENTATION OF THE PROPOSED PROJECT. I ALSO HEREBY AUTHORIZE BLAINE COUNTY LAND USE AND BUILDING SERVICES TO ENTER THIS PROPERTY FOR ALL RELEVANT INSPECTIONS ALLOWED PURSUANT TO THE BLAINE COUNTY CODE, AND THE 2012 INTERNATIONAL BUILDING CODE SECTION 109 (INSPECTIONS) AND SECTION 104.6 (RIGHT OF ENTRY) WHICH STATES: Where it is necessary to make an inspection to enforce the provisions of this code, or where the building official has reasonable cause to believe that there exists in a structure or upon a premises a condition which is contrary to or in violation of this code which makes the structure or premises unsafe, dangerous or hazardous, the building official or designee is authorized to enter the structure or premises at reasonable times to inspect or to perform the duties imposed by this code, provided that if such structure or premises be occupied that credentials be presented to the occupant and entry requested therein. If such structure or premises is unoccupied, the building official shall first make a reasonable effort to locate the owner or other person having charge or control of the structure or premises and request entry. If entry is refused, the building official shall have recourse to the remedies provided by law to secure entry. ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS GOVERNING THIS PROJECT SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT; including dust control on your project. Liens may be utilized for compliance issues related to Blaine County Code.

Contractor/Authorized Agent: X _____ / _____ Date: _____

SIGNATURE

PRINT NAME OF SIGNER

Homeowners Association Acknowledgment: X _____ This project may require additional approval from the subject property's Homeowners Assoc.

Fees:	Permit Fee:	\$ _____		
	Plan Check Fee:	\$ _____		
	Fire Dept Plan check Fee:	\$ _____		
	Energy Code Review Fee (see table)	\$ _____		
	Exterior Renewable Energy Mitigation	\$ _____		
	Solar Permit Fee	\$ _____		
	Special Assessment:	\$ _____		
	Septic System Bond (refundable) :	\$ _____	Date of refund _____	County Warrant # _____
	Final Inspection Deposit (refundable):	\$ _____	Date of refund _____	County Warrant # _____
	Sub total:	\$ _____		
	Less partial permit fee payment (value > \$200K):(non-refundable)	\$- _____	Date Paid: _____	Receipt # _____
	Total Due:	\$ _____	Amt. Paid: _____	Date Paid: _____ Rec. #: _____

OFFICE USE ONLY: IBC Classification: _____

Special Requirements of this Permit _____

Application Approval: Building Official/Inspector: _____ Approval Date: _____