



City of Idaho Falls Building Division

Residential Building Permit Application

Date Applied: Project Address:

Subdivision Name: Div. No., Block No., Lot No.

County Parcel # RPA-

Type of Building:

General Contractor: City License ID. # Phone #

Address: Zip Code: Fax #

E-mail Address: Idaho State Contractor Registration #

Homeowner: Phone #: Email

Address: State: Zip:

Electrical Contractor State Lic. # Email

Mechanical Contractor State Lic. # Email

Plumbing Contractor State Lic. # Email

For home owner/builders only

Will the construction be performed by the owner and future occupant of the structure? (Check One) Yes No

If no to question above, provide complete list of licensed sub-contractors. (see Licensed Com & Res Subcontractor List form) Have you built a home in the city of Idaho Falls within the last 3 years? (Check One) Yes No

Type of Job: (If interior remodel) Valuation

Sq. Ft. Main floor: Sq. Ft. 2nd Floor: Sq. Ft. of Finished Basement:

Sq. Ft. Garage: Sq. Ft. Covered Patio: Sq. Ft. Unfinished basement:

Lot Information Property Line set backs - Front: Rear: Left: Right:

Acres: Zone: Space Heat:

Fixture Quantity: Plumbing: Mechanical: Fireplace:

Temporary Construction Power Requested Temporary power with existing transformer (\$150.00) (Y/N) Temporary power with transformer (\$750.00) (Y/N)

Repeat House: (Provide address and permit #

Identical plans for construction qualify & the permit must have been issued within 4 months of this application date.

Submittal Check List: Completed application Two complete sets of plans (see Submittal Requirements List)

Declaration: Applicant hereby certifies that the information contained in the application is true and correct.

Owner, Authorized Agent or Contractor's Signature & Printed Name & Title Date:

For Office Use Only Date Submitted: Permit No.:

Idaho Falls Community Services Development Department- Building Division 680 Park Ave. P.O. Box 50220 Idaho Falls ID 83405- Phone: 208-612-8270 Fax: 208-612-8520