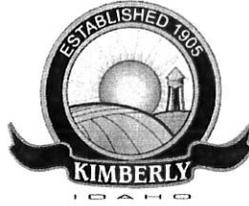


Building Permit No. _____

Date Received _____ By _____

City of Kimberly
P.O. Box Z
Kimberly, Idaho 83341



Phone: (208) 423-4151
Fax: (208) 423-4297
www.cityofkimberly.org

COMMERCIAL BUILDING PERMIT APPLICATION

Project Address: _____

Parcel No: _____ **Subdivision:** _____ **Lot:** _____ **Block:** _____

Zoning District: _____ **Description of Work:** _____

(i.e.: New Development, Tenant Improvement, Accessory Structure, Alteration/Remodel, Addition, Repair)

Occupancy Group: _____ **Change of Use: Yes** ___ **No** ___

Construction Type: _____ **Building Height:** _____ **# of Stories:** _____

Existing Sq Ft: _____ **Addition Sq Ft:** _____ **Total Sq Ft:** _____

*****ESTIMATED VALUE*** \$** _____

Applicant: _____

Address: _____

Work/Cell Phone: _____ / _____ **Email:** _____

Legal Owner: _____

Address: _____

Mailing Address (if different): _____

Work/Cell Phone: _____ / _____ **Email:** _____

Contractor: _____

Address: _____

Work/Cell Phone: _____ / _____ **Email:** _____

Registration #: _____ **Exp:** _____ **Idaho Registration Exempt: Yes** ___ **No** ___

Public Works License #: _____ **Exp:** _____

Design Professional: _____

Address: _____

Work Phone: _____ **Email:** _____

License #: _____ **Exp:** _____

Person to notify regarding permit: _____ **Contact #:** _____

APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING

- ✓ **Completed Application**
 - All relevant fields completed and application signed
 - Construction Water Deposit Form (new development only)

- ✓ **Copy of Deed with legal description**
 - Twin Falls County Clerk 630 Addison Ave W, 2nd floor 208-736-4004

- ✓ **Fire District Comment Letter**
 - 1559 Main St. N, Kimberly, ID 208-423-4336

- ✓ **2 Sets of Plans** to scale (minimum size 11x17) Stamped by Idaho Licensed Design Professional
 - Completed Plans Analysis by Design Professional
 - Structural Calculations, if applicable
 - Site Plan (not required for interior remodel)
 - Showing all buildings, property boundaries, easements, and parking
 - Stamped by South Central Health District if located in the impact area
 - Floor plans with dimensions, showing egress, emergency lighting, accessibility, etc.
 - Completed COMM check OR meet prescriptive energy requirements
 - Elevations
 - Footings and Foundation
 - Typical construction details, including cross-section, fire walls, etc
 - Truss and Floor Joist details

- ✓ **Non Refundable Plan Review Fee**
 - 30% of Building Permit fee, based on estimated value
 - Not applied to balance of permit fee

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY,

I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections for the duration of the permit.

Signature and Title

Date

All permits expire 180 days after issuance or last inspection

For office use only:

				Valuation
Minimum Setbacks	Street:	Rear:	___ Side:	___ Side:
Stated Setbacks	Street:	Rear:	___ Side:	___ Side:
1. Non Refundable Plan Review Fee	\$	Not applied to Total	GL 01-322-430	<i>Impact area</i>
2. Building Permit Fee	\$		GL 5-501/5-502	<i>impact area</i>
3. Refundable Permit Deposit	\$		GL 5-508	
4. Sewer Connection Fee	\$ 2,000.00		GL 14-1403	
5. 3/4" H ₂ O Connection Fee	\$ 2,800.00		GL 13-1304	
6. Construction Water Deposit	\$ 238.80		GL 13-1311	
7. Sewer Capacity Charge	\$		GL 14-1406	
Total(Sum of lines 2,3,4,5,6,7)	\$		Applicant Pick-Up Initial/Date:	

Building Permit No: _____
 Plans Approved by _____ Date _____
 Zoning Approved by _____ Date _____
 Notification for Pickup by _____ Date _____

Inspection	Date	By
Setback		
Footing <input type="checkbox"/> UFER		
Foundation		
Frame		
Insulation		
Drywall (shear/fire)		
Final		

Comments _____

