

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



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

RESIDENTIAL BUILDING PERMIT APPLICATION

Project Address: _____

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

Zoning District: _____ **Proposed Use:** _____ **Change of Use** _____

Description of Work: _____

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

New Home: First Floor _____ 2nd Floor _____ Total Structure Height _____
Sq. Ft.

Basement _____ Attached Garage _____ Attached Carport _____

Covered Patio/Porch/Deck _____ Uncovered Patio/Porch/Deck _____

Addition: First Floor _____ 2nd Floor _____ Total Structure Height _____

Basement _____ Attached Garage _____ Attached Carport _____

Covered Patio/Porch/Deck _____ Uncovered Patio/Porch/Deck _____

Existing (*square feet*): _____ Total Height of Addition _____

Other: House Move _____ Accessory Structure _____

Detached Carport _____ Detached Garage/Shop _____

Detached Garage/Shop 2nd Floor _____ Total Height _____

Remodel/Repair (detailed description of work): _____

***ESTIMATED VALUE \$ _____

***TOTAL SQ FT _____

Applicant/Legal Owner: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____

Contractor: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Registration No: _____ Exp: _____ Idaho Registration Exempt: Yes _____ No _____

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

- ✓ **2 Sets of Plans** to scale (minimum size 11x17)
 - Site Plan (not required for interior remodel)
 - Showing all buildings, property boundaries, and easements
 - Stamped by South Central Health District if located in the impact area
 - Floor plans with dimensions
 - Completed RES check OR meet prescriptive energy requirements
 - Elevations
 - Footings and Foundation
 - Typical construction details, including cross-section, stair detail, etc
 - Truss and Floor Joist details

- ✓ **Non Refundable Permit Deposit** – applied to balance of permit fee
 - One and Two Family Dwellings \$150.00
 - Additions/Alterations/Repairs/Accessory Structures..... \$100.00

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*

** Please note that certain subdivisions require compliance with CC&R's and architectural specifications governed by the Homeowners' Association of the area, please contact your local representative to avoid potential construction delays due to noncompliance.*

All permits expire 180 days after issuance or last inspection

For office use only:

sf R-3 x \$69.85 psf		Valuation			
sf U-1 x \$36.00 psf					
sf Cov x \$31.00 psf					
Minimum Setbacks	Street:	Rear:	___ Side:	___ Side:	
Stated Setbacks	Street:	Rear:	___ Side:	___ Side:	
1. Non Refundable Deposit		\$150.00 or \$100.00		GL 01-322-300	Impact area
2. Permit Fee	3. Fee minus Line 1	\$	\$	GL 5-501/5-502 impact area	
4. Refundable Permit Deposit		\$		GL 5-508	
5. Sewer Connection Fee		\$ 2,000.00		GL 14-1403	
6. 3/4" H ₂ O Connection Fee		\$ 2,800.00		GL 13-1304	
7. Construction Water Deposit		\$ 238.80		GL 13-1311	
8. Sewer Capacity Charge		\$		GL 14-1406	
Total(Sum of lines 3,4,5,6,7,8)		\$		Applicant Pickup 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 _____

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