



BUILDING PERMIT APPLICATION

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #310, Caldwell, ID 83605

Phone: 208-454-7458 Fax: 208-454-6633

PROPERTY OWNER	OWNER NAME:	
	MAILING ADDRESS:	CITY/ZIP:
	PHONE:	EMAIL:

(AGENT) ARCHITECT ENGINEER BUILDER	CONTACT NAME:		CONTRACTOR LICENSE #:	
	COMPANY NAME:			
	MAILING ADDRESS:		CITY/ZIP:	
	PHONE:		EMAIL:	

In lieu of the property owner signature, the Applicant/Builder affirms that he/she is an appointed representative of the property owner for the sole intent of filing an application for this permit. Applicant/Builder agrees to indemnify, defend, and hold harmless Canyon County, its elected officials, offices, departments, employees and agents against all liability related to signing this form.

Signature: _____ Date: _____

SITE INFO	STREET ADDRESS:		CITY/ZIP:	
	PARCEL #:		LOT SIZE/AREA:	
	LOT:	BLOCK:	SUBDIVISION:	
	ZONING DISTRICT:		FLOODZONE (YES/NO):	

STRUCTURE TYPE	<input type="checkbox"/> NEW RESIDENCE	STRUCTURE SIZE IN SQUARE FEET (S.F.)	
	<input type="checkbox"/> SECONDARY RESIDENCE		
	<input type="checkbox"/> RESIDENTIAL ADDITION/ALTERATION	<input type="checkbox"/> BONUS RM	
	<input type="checkbox"/> NEW COMMERCIAL	<input type="checkbox"/> BASEMENT	USAGE PURPOSE
	<input type="checkbox"/> COMMERCIAL ADDITION/ALTERATION	<input type="checkbox"/> OTHER FLOOR	
	<input type="checkbox"/> NEW ACCESSORY STRUCTURE	<input type="checkbox"/> GARAGE	PROJECT VALUE
	<input type="checkbox"/> ACCESSORY ADDITION/ALTERATION	<input type="checkbox"/> PORCH PATIO	
	<input type="checkbox"/> POOL	<input type="checkbox"/> TOTAL S.F.	\$
<input type="checkbox"/> OTHER _____			

All information provided within this application is correct to the best of my knowledge. I understand that the acceptance of this application does not guarantee that a Building Permit or a Zoning Compliance Certificate will be issued and that this application will be used to help determine if the project complies with the Canyon County Zoning Ordinance and adopted Building Code.

Signature: _____ Date: _____

Printed Name: _____ Daytime phone #: _____

PERMIT NUMBER:	DATE RECEIVED:
RECEIVED BY:	APPLICATION FEE: CK MO CC CASH