



PERMIT # \_\_\_\_\_

**CONSOLIDATED BUILDING - DEVELOPMENT PERMIT APPLICATION**  
**Select location of proposed work**

City of American Falls     
  City of Rockland     
  Power County

*You can use this application to apply for multiple permit types. If you are unsure which permits you need please speak with a staff member.*

1. PARCEL NUMBER		2. PHYSICAL JOB ADDRESS	
3. LEGAL DESCRIPTION	Lot #	Block #	SUBDIVISION OR TOWNSHIP, SECTION, RANGE:
4. Owner:	Address:	City,State,Zip Code:	Telephone:
5. Contractor:	Address:	City,State,Zip Code:	Telephone:

**CONTRACTORS REGISTRATION NUMBER REQUIRED:** \_\_\_\_\_

6. Architect or Engineer:	Address:	City,State,Zip Code:	Telephone:
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**FOR MANUFACTURED HOUSING: INSTALLER AND LICENSE NUMBER:** \_\_\_\_\_

7. SELECT PERMIT TYPE(S) FOR EACH A CHECKLIST MUST BE ATTACHED	
<input type="checkbox"/> BUILDING PERMIT FOR <input type="checkbox"/> LOT SPLIT <input type="checkbox"/> WIND TURBINE <input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> VARIANCE <input type="checkbox"/> SPECIAL USE (ZONING CLEARANCE) <input type="checkbox"/> SOLAR PANELS <input type="checkbox"/> OTHER, <b>Please specify</b>

8. PROJECT INFORMATION					
STRUCTURE USE		STRUCTURE WORK		SQUARE FOOTAGE	
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW PRIMARY	BASEMENT _____	ATTACHED GARAGE _____		
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW ACCESSORY	CRAWL SPACE _____	DETACHED GARAGE _____		
<input type="checkbox"/> NON-RESIDENTIAL	<input type="checkbox"/> ADDITION/REMODEL	1ST FLOOR _____	PATIO/DECK _____		
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> DEMOLITION	2ND FLOOR _____	BARN/SHOP _____		
<input type="checkbox"/> CHANGE OF USE		3RD FLOOR _____	OTHER _____		
<b>ESTIMATED BUILDING COST \$</b> _____					

CONDITIONS OF APPROVAL			OFFICE USE ONLY		
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 90 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 36 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.			\$	\$	\$
			PLAN CHECK	PERMIT FEE	TOTAL FEE
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			TYPE OF CONST	OCCUPANCY GROUP	DIVISION
			SIZE OF BUILDING	# OF STORIES	MAX OCC LOAD
MY SIGNATURE ACKNOWLEDGES THAT ALL INFORMATION ON THIS APPLICATION AND THE ATTACHED PLANS ARE TRUE AND CORRECT, AND THE ACTIVITY PERMITTED WILL BE CONDUCTED IN FULL COMPLIANCE WITH ALL ORDINANCES OF THE CITY/COUNTY, AND THE STATE AND FEDERAL LAW; AND THAT THE ACTIVITY CONDUCTED WILL BE IN FULL COMPLIANCE WITH ANY AND ALL CONDITIONS IMPOSED ON APPROVAL OF THE APPLICATION. CONDITIONS ATTACHED TO APPROVAL WILL BE BINDING OF FUTURE BUILDING PERMITS ISSUED ON THE SITE.			ZONE	FIRE SPRINKLERS REQUIRED?	
			SPECIAL APPROVAL	REQUIRED	RECEIVED/COMPLETE
OWNER OR AUTHORIZED AGENT SIGNATURE  DATE			ZONING		
			HEALTH DIST.		
			SOIL REPORT		
			LOT SIZE		
			SET BACKS SHOWN		
			HWY DIST APPROACH		
			NOTICE PUBLISHED		
			NOTICE TO OWNERS		
			COMMISSION HEARING		
			NOTICE OF DECISION		
APPLICATION ACCEPTED BY DATE      INITIALS      DATE      INITIALS      INITIALS			BUILD HEIGHT		
			#PARKING SPACES		