



**Inkom Building Department
Building Permit Application**

365 N. Rapid Creek Rd.
Inkom, ID 83245
(208)775-3372
Inkomcityoffices@cableone.net

Permit Number: _____ Date Received: _____

Site Address: _____ City: _____ State: _____ Zip Code: _____

Parcel: _____ Subdivision: _____ Lot: _____ Block: _____

Applicant Name: _____ Phone Number: _____

Applicant Address: _____ City: _____ State: _____ Zip Code: _____

Project Contact Name: _____ Phone Number: _____

Project Contact Email Address: _____

General Contractor Name: _____ License Number: _____

Contractor Address: _____ Phone Number: _____

Contractor Email Address: _____

Description of Work: _____

Circle Scope of Work

Commercial Residential

Single Family Dwelling Duplex Multi-Family Dwelling Townhome Other

New Addition Remodel Reroof Change of Use Other

Total Square Footage: _____ Number of Stories: _____ Number of Units: _____

Garage Shop Shed Total Square Footage: _____

Design Criteria

Ground Snow Load: **44 PSF** Wind Speed (mph): **90/115 mph** Exposure: _____

Seismic Design Category: **D0** Frost Line Depth: **36 inches**

Flood Plain Information:

100 year certification required _____ 500 year certification required _____ Not in Flood plain _____

Total Construction Value: _____ **Plan Review Fee:** _____ **Permit Fee:** _____

This permit becomes null and void if work or construction authorized is not commenced within 180 days of issuance, or if construction or work is suspended or abandoned for a period of 180 days at any time after work commences unless written approval for an extension is granted by the City. No changes to the submitted plans or additional work is permitted without prior written approval from the City.

Separate permits are required for electrical, plumbing, and mechanical work.

I hereby certify that I have read and examined the application and confirm that all statements, drawings, and depictions are true and accurate. All provisions of local, state, and federal laws governing this work will be complied with, whether specified herein or not. The granting of this permit does not give authorization to violate or cancel other local, state, or federal laws regulating construction or performance of construction. I further certify that the construction will conform to the dimensions and uses shown.

I hereby grant permission to the City and its representatives to enter the subject property to conduct inspections relative to this application.

Applicant Printed Name:

Applicant Signature:

Date:

CITY OF INKOM PLANNING AND ZONING COUNCIL

APPROVED _____ **REJECTED** _____

Planning & Zoning _____ **Date** _____

Remarks/Notes:

CITY HALL USE

Sewer Connection: _____ **Connection Fee Paid** _____

Construction clear of lines: Approved Denied Date: _____

Installed/Inspected Properly: Approved Denied Date: _____

Water Connection: _____ **Connection Fee Paid** _____

Meter Installation Fee Paid _____

Construction clear of lines: Approved Denied Date: _____

Installed/Inspected properly : Approved Denied Date: _____
