



Building Permit Application

City of Filer, Idaho

300 Main Street • PO Box 140 • Filer, ID 83328 • 208-326-5000 • www.cityoffiler.com

Type of Work:		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition / Alteration / Replacement	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:	
Category of Construction:		
<input type="checkbox"/> 1 & 2 family dwelling	<input type="checkbox"/> Commercial / Industrial	<input type="checkbox"/> Accessory Building
<input type="checkbox"/> Multifamily	<input type="checkbox"/> Master Builder	<input type="checkbox"/> Other:
Job site information and location:		
Job No:	Job Address:	
City/State/Zip:		
Front Street:		
Subdivision:		
Lot:	Block:	Parcel No:
Description of work:		
<input type="checkbox"/> Property Owner OR <input type="checkbox"/> Tenant		
Name:	E-mail:	
Address:		
City/State/Zip:		
Phone:	Fax:	
<i>Owner Installation: This installation is being made on property that I own, which is not intended for sale, lease, rent, or exchange.</i>		
Owner Signature:	Date:	
<input type="checkbox"/> Contractor		
Business Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
License / Register No:		
Authorized Signature:		
Print name:	Date:	
<input type="checkbox"/> Applicant OR <input type="checkbox"/> Contact Person		
Business Name:		
Contact Name:		
Address:		
City/State/Zip:		
Phone:	Fax:	
E-mail:		
Authorized Signature:		
Print Name:	Date:	

*Please fill in all highlighted areas

OFFICE USE ONLY	
Permit No:	
Date Received:	
By:	

Required Data By Applicant:	
Valuation:	\$
Building Area:	Square ft.
Garage/Carport:	Square ft.
Covered Porch:	Square ft.
Deck Area:	Square ft.
Other:	Square ft.
Lot Dimensions:	
Zoning District:	

See City Code No. ____ for required setbacks. Attach a detailed drawing showing existing buildings as well as proposed new construction or remodeling. Draw existing buildings in solid lines and new construction in broken lines. The drawing must reflect the location of buildings in relation to lot lines. Show all dimensions and distances.

Permits Required:	
Electrical (By State)	<input type="checkbox"/>
Plumbing (By State)	<input type="checkbox"/>

STATEMENT OF FACT: I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of fact (whether intentional or not) in this application or any other required document, as well as any misleading statement or omission, may be cause for revocation of permit and/or certificate of occupancy, regardless of how or when discovered.

I agree to comply with any and all City Ordinances and State laws, rules and regulations regulating building construction or alteration which may be applicable. I understand that the 2012 IRC Building Code is applicable to the City of Filer, I understand that this permit is void after 180 days after issuance if work is not commenced. _____ **initials**

OFFICIAL USE ONLY	
Occupancy Group:	Division:
Type of Construction:	1 2 3 4 5
Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
By: _____	
Building Inspector	
Building Permit Fee:	\$
Mechanical Permit Fee:	\$
Total:	\$

By: _____
Deputy Clerk