



BUILDING PERMIT APPLICATION

City of Genesee

BP # _____

JOB ADDRESS: _____ <small>(number) (road name) (city) (zip code)</small>	ASSESSORS PARCEL NUMBER: _____
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IF NO ADDRESS HAS BEEN ASSIGNED OR DRIVEWAY LOCATION HAS CHANGED, A NEW ADDRESS IS REQUIRED TO BE PAID FOR AND ISSUED.

1. Proposed approaches will not be approved for an address; all approaches must be constructed prior to any address being issued.
 2. Attach a parcel map showing the location of your approved, constructed approach (with measurements of property lines), the public road and a site plan for proposed or existing structures.

OWNER:	Mailing Address: _____
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Phone: _____	Cell #: _____	Email: _____
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CONTRACTOR:	Mailing Address: _____
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Phone: _____	Cell #: _____	Email: _____	License #: _____
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ENGINEER/ARCHITECT:	Mailing Address: _____
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Phone: _____	Cell #: _____	Email: _____	License #: _____
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This building has: Plumbing Electrical None If you have your state plumbing and state electrical permits at the time of application please submit.

# of Existing Dwellings on Parcel _____	# of other structures on parcel _____	Uses on parcel: _____
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Will this structure(s) be used for (check all that apply): Residence Guest House Residential Shed/Shop/Garage Home Occupation Bed and Breakfast Church/School Events Center/Wedding Venue Community Center/Fire-Station/Library/Other Public Purpose Business/ Bus. Accessory Farm/Forest Day Care Group home Duplex/Apartments/Rental Hunting/Vacation Cabin Other: _____

**Many types of structures are required to have plans submitted by a design professional. Please contact the Bldg. Dept. prior to plan submittal for a determination.*

Please describe the type of work you will be completing: _____	Approximate size of new structure: _____
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Class of Work: New Addition Alteration Repair Move Change of Occupancy From: _____ To: _____

Authorization

The applicant does hereby certify that all of the above statements are information in any attachments transmitted herewith are true, and further acknowledges that approval of this application may be revoked if it is found that any such statements are false.

a. Signature of Applicant _____	b. Date _____	c. Signature of Property Owner (If different than applicant) _____	d. Date _____
a. Signature of Contractor _____	b. Date _____		

Office Use Only

<p style="text-align: center;">CERTIFICATE OF OCCUPANCY REQUIREMENTS:</p> <p><input type="checkbox"/> State Plumbing Final Inspection <input type="checkbox"/> State Electrical Final Inspection <input type="checkbox"/> Special Zoning Requirements:</p> <hr/> <p style="text-align: center;">NOTICE:</p> <p>The permit applied for with this application becomes null and void if no inspection is requested and performed for the work authorized within 180 days from date of issuance, and/or if no inspection is requested and performed for a period of 180 days from the most recent inspection</p> <p>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.</p>	TYPE OF CONST:	OCCUPANCY GROUP:	SNOW LOAD:	ENGINEERING: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	SPECIAL APPROVALS	APPROVED BY	DATE	COMMENTS	
	SEPTIC/SEWER				
	ROAD ACCESS				
	ZONING			Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Panel # _____	
	ADDRESS			New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PERMIT FEE			RECEIVED BY:	
	PLAN CHECK FEE			PLANS CHECK BY:	
	TOTAL FEE			ISSUED BY:	
	<p>WARNING: COMMENCEMENT OF CONSTRUCTION PRIOR TO THE ISSUANCE OF A LATAH COUNTY BUILDING PERMIT, AND PRIOR TO ZONING APPROVAL, IS DONE WITH THE UNDERSTANDING THAT ALL WORK WILL BE REMOVED IF A PERMIT IS NOT ISSUED OR IF ZONING APPROVAL IS NOT RECEIVED.</p>				