



CITY OF POTLATCH

ROOFING, SIDING, WINDOWS, SOLAR

PERMIT APPLICATION

LATAH COUNTY DEPARTMENT OF PLANNING & BUILDING

BP # _____

JOB ADDRESS: (number) (road name) (city) (zip code)	ASSESORS PARCEL NUMBER:
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Point of Contact: Owner Contractor Engineer/Architect Other: _____

Preferred Method of Contact: Text Email Call **Phone:** _____ **Email:** _____

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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Class of Work: <input type="checkbox"/> Re-Roof <input type="checkbox"/> Siding <input type="checkbox"/> Windows <input type="checkbox"/> Solar Panel	Size of Solar Panel:	Valuation: \$
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Use of Building (for this permit):

Number of existing layers:	Will old material be removed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Brand Name/Manufacturer:	Type of Material:
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Change of Window Size or other Alterations:

NOTICE:
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

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.

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.

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

SPECIAL APPROVALS	APPROVED BY	DATE	COMMENTS	Type:	
SEPTIC/SEWER				Occupancy Group:	
ROAD ACCESS					
ZONING			Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Panel # _____	Snow Load:	
ADDRESS			New Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERMIT FEE PAID: <input type="checkbox"/> YES <input type="checkbox"/> NO		RECEIPT #:	RECEIVED BY:	PLANS CHECKED BY:	
TOTAL FEE		ISSUED BY:			Engineering : <input type="checkbox"/> Yes <input type="checkbox"/> No