



# BUILDING PERMIT APPLICATION

City of Potlatch

BP # \_\_\_\_\_

<b>JOB ADDRESS:</b>  (number)                      (road name)                      (city)                      (zip code)	<b>Assessor's Parcel Number:</b>
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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.

<b>OWNER:</b>	Mailing Address:
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Phone Number:	Email Address:
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<b>INSTALLER:</b>	Mailing Address:	License Number:
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Phone Number:	Email Address:
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<b>CONTRACTOR:</b>	Mailing Address:	License Number:
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Phone Number:	Email Address:
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<b>DEALER:</b>	Mailing Address:	License Number:
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Phone Number:	Email Address:
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<b>Use of Building</b> (For this Permit):	<b>Manufacturer:</b>	<b>Model:</b>	<b>Year</b>	<b>Size:</b>
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<b>Installation on:</b> <input type="checkbox"/> Pier <input type="checkbox"/> Ribbon Footings <input type="checkbox"/> Perimeter Foundation <input type="checkbox"/> Full Basement	If you have your state plumbing and state electrical permits at the time of application please submit.
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<b>VALUATION OF WORK:</b> \$ _____	<b>Installation as:</b> <input type="checkbox"/> Real Property OR <input type="checkbox"/> Personal Property	<input type="checkbox"/> Single-wide <input type="checkbox"/> Double-wide <input type="checkbox"/> Triple-wide
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<b>Size of Exterior Decks:</b> _____ <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	<b>Attached Garage</b> <input type="checkbox"/> <b>Size:</b> _____
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**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><b>SPECIAL CONDITIONS TO BE MET:</b>          State law requires mobile homes constructed prior to June 15, 1976 to have a certificate of compliance from the State before installation.          Before Certificate of Occupancy Can Be Issued:  <input type="checkbox"/> Skirting and venting are required.  <input type="checkbox"/> State Plumbing Final Inspection  <input type="checkbox"/> State Electrical Final Inspection  <input type="checkbox"/> Special Zoning Requirements:          Temporary stairs must be replaced prior to final inspection with approved stairs in accordance with the building code for stair and deck requirements. Installation must comply with all requirements of Idaho Code title 44, Chapter 22: "manufactured home setup code."           NOTE:          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.</p>	<b>TYPE OF CONST:</b>	<b>OCCUPANCY GROUP:</b>		<b>SNOW LOAD:</b>	<b>ENGINEERING</b> : <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>SPECIAL APPROVALS</b>	<b>APPROVED BY</b>	<b>DATE</b>	<b>COMMENTS</b>	
	<b>SEPTIC/SEWER</b>				
	<b>ROAD ACCESS</b>				
	<b>ZONING</b>			<b>Floodplain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Panel # _____	
	<b>ADDRESS</b>			<b>New Address:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>PERMIT FEE</b>		<b>RECEIVED BY:</b>		
	<b>PLAN CHECK FEE</b>		<b>Received rehab certificate if older than June 15, 1976:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable		
	<b>TOTAL FEE</b>		<b>ISSUED BY:</b>		
	<b>WARNING:</b> 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.				

**Snow Load Disclosure for Manufactured Housing  
Installation Permit Applicants**

Date: \_\_\_\_\_

Jurisdiction: Latah County

Site Location: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Site Specific Roof Snow Load: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Manufactured Home Snow Load, if known: \_\_\_\_\_

I acknowledge that the manufactured home that I am installing/is being installed on my behalf does not meet, or is presumed not to meet, the Snow Load for the location it is being installed (as listed above). I understand that the Snow Load for the manufactured home that is being installed is presumed to be 30 pounds or less. I understand that this can cause the roof or other portions of the structure to fail because the manufactured home was not designed to withstand the amount of snow that occurs at this location.

Signature of Owner: \_\_\_\_\_