CARIBOU COUNTY BUILDING DEPARTMENT
159 SOUTH MAIN STREET ROOM 105
SODA SPRINGS ID 83276
(208)547-1780

Building Restoration Permit Application
Application Number_____

Besides this application, the following **must** be submitted. Information must be attached to this application.

1. A copy of the warranty deed to the structure.
2. A map of the location of the structure on the property
3. Copy of Health Department permit or statement(if applicable)
4. EPA inspection or request for inspection concerning asbestos and/or lead based paint
5. Copy of landfill certificate if environmental mitigation is required
6. Restoration plans(must comply with International Building Code Restoration provisions)
   (Include entire scope of work for the entire building)

xxxx

Engineering requested_____required_____IBC provisions_____planning and zoning review/recommendation_____
xxxx