



CARIBOU COUNTY PLANNING & BUILDING DEPARTMENT

ZONING & BUILDING PERMIT APPLICATION

159 South Main Street Room 105

Office (208)547-1780 Cell (208)221-4898

Soda Springs Idaho 83276

Permit # _____

Property Owner Name
Address
Phone

Applicant Name - If the same as owner check box and move onto next section <input type="checkbox"/>			
Address	City	State	Zip
Phone	Relationship to owner?		

Types of Existing Buildings	How many of each building type?	Is there a septic system currently?	Yes	No
				Is there a well currently?
None (Check if none)		Are you aware of any easements? If yes, please explain:		
House				
Garage/Accessory				
Commercial				
Ag Buildings				
Industrial				

WORK DESCRIPTION: ___New ___Addition ___Remodel ___Attached Garage ___Detached Garage
 Please submit the following and check to indicate it is attached. Boxes that are gray are not required for that construction type:

Type of Construction	Check next to what type	Well Permit	Septic permit	Deed	Engineered Drawings	Construction Plans	New address
New residence					If applicable		If applicable
Commercial							
Addition							
Accessory							
Garage							
Remodel							

Project Physical Address:	
Tax Parcel #:	Parcel Size (in acres):
Purpose/Use:	
Estimated Cost of Construction: \$	

Heat Source: Electric <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas <input type="checkbox"/> N/A <input type="checkbox"/>
Sewage: Septic <input type="checkbox"/> Nitrate Reducing Septic <input type="checkbox"/> Community System <input type="checkbox"/> N/A <input type="checkbox"/>
Culinary Water: Well <input type="checkbox"/> Community System <input type="checkbox"/> N/A <input type="checkbox"/>

Contractor Name - If the same as applicant check box and complete State Registration & License No. <input type="checkbox"/>	
Address	
Phone	
State Registration No.	State License No.

CONSTRUCTION SQUARE FOOTAGE		FOR OFFICIAL USE ONLY
Main floor	Sq. Ft.	Value: \$
Second floor/Bonus room	Sq. Ft.	Value: \$
Unfinished basement	Sq. Ft.	Value: \$
Finished basement	Sq. Ft.	Value: \$
Garage	Sq. Ft.	Value: \$
Decks	Sq. Ft.	Value: \$
Other	Sq. Ft.	Value: \$
		Total Valuation: \$
		Permit fee: \$
		Address fee: \$
		Zoning Certificate: \$25.00
		Total Fees Due: \$

DEMOLITION APPLICATION:

Is this an alteration or addition that will require some demolition? Yes ____ No ____

If yes, a completed EPA Asbestos Demolition form must be present with application.

WETLANDS DETERMINATION:

Is this property considered a "wetland"? Yes ____ No ____

If yes, an Army Corp of Engineers permit must be presented with application.

APPLICANTS CERTIFICATION/SIGNATURE

Initial ____ In making this application for a zoning certificate I understand that I may not start construction until which time the zoning certificate is complete and a building permit has been approved for the construction. I hereby certify that I have read and examined this application and know the same to be true and correct.

Initial ____ In making this application for a building permit, I am aware of the zoning of the area in which I am constructing and I am aware of the adjoining property zoning and I am aware of the sights, odors, noise or other problems normally associated with the zoned use and understand these uses may continue.

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. I have received a copy of the applicant checklist and agree to the outlined requirements. Further I agree to adhere to the inspections required. The granting of the permit does not presume to give authority to violate or cancel the provisions of any State of Idaho law or local law regulating construction or the performance of construction. I also hereby authorize access to the property and/or structures for the purpose of inspections and verification of information provided herein.

Applicant Signature: _____ Date: _____

Approving Signature: _____ Date Approved: _____

Office Use:

Date Received: _____ Zoning Certificate Completed Date: _____

Zoning Certificate: Approved Denied

PLOT PLAN

Please show distances or approx. distances to property lines on 3 sides of project site and distance to the center of the roadway. Show location of project in relationship to other structures/landmarks. You may also print a Google Earth Aerial image of your property and indicate on the image the above requirements.

Building Dimensions: Height _____ ft. Width _____ ft. x Length _____ ft.

PLOT PLAN	
	

Setbacks are determined by which zone the property is in as well as the type of building and intended use. Setbacks are measured from the edge of the Right-of-way.

For the **Agricultural Zone** Setbacks see County Zoning Ordinance Chapter 3.07

For the **Low-Density Residential Zone** Setbacks see County Zoning Ordinance Chapter 4.07

For the **High-Density Residential Zone** Setbacks see County Zoning Ordinance Chapter 5.07

For the **Commercial Zone Setbacks** see County Zoning Ordinance Chapter 6.07

For the **Light Industrial & Wholesale Zone** Setbacks see County Zoning Ordinance Chapter 7.06

For the **Industrial Zone Setbacks** see County Zoning Ordinance Chapter 8.06



CARIBOU COUNTY BUILDING DEPARTMENT

EXEMPTION FROM IDAHO STATE CONTRACTOR REGISTRATION PAGE

159 South Main Street Room 105

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Soda Springs Idaho 83276

Cell (208)221-4898

PLEASE READ CAREFULLY

This page only applies if a Contractor Registration number is not present on the first page of the application. If a Contractor Registration number is not present, this page must be filled out, signed and submitted with application.

Please return application with a Contractor Registration Number or fill out this form showing your exemption and return it with your building permit application. This is a summarization of Idaho Code Title 54 Chapter 5205, for full definitions of these exemptions please see the Idaho State website at <https://legislature.idaho.gov/statutesrules/idstat/title54/t54ch52/sect54-5205/>

Please select from the list below the item that states your reason for exemption:

- ___ Currently Idaho State licensed pursuant to Title 54 Idaho Code, chapters:
- ___ 3 Architects
- ___ 10 Electrical Contractors/Journeyman
- ___ 12 Engineers/Surveyors
- ___ 19 Public Works Contractors (exempt from fee only, registration required)
- ___ 50 Installation of heating, ventilation and air conditioning systems
- ___ Employee or volunteer of a licensed contractor or part of an educational curriculum or nonprofit charitable activity with no wages or salary.
- ___ Employee or volunteer of US Government agency (State, City or County or other municipality.)
- ___ Public utility doing construction, maintenance or development to its own business.
- ___ Involved with gas, oil or mineral operations
- ___ Supplier doing no installation or fabricating
- ___ Contracting a project or projects with a total cost of less than \$2000
- ___ Operation of a farm or ranch or construction of agriculture buildings exempt by Idaho Code.
- ___ Any type of water district operations.
- ___ Owner who performs work on own property or contracts with a registered contractor to do work as long as the property is not for resale within 12 months.
- ___ Owner or lessee of commercial property performing maintenance, repair, alteration or construction on that property
- ___ Real estate licensee/property manager acting with Idaho Code.
- ___ Engaging in the logging industry.
- ___ Renter working on property where they live with the property owner's approval.
- ___ Construction of a modular building (as defined by Idaho Code) to be moved out of state.
- ___ Registration number applied for but not yet been issued or assigned (include copy of application).

APPLICANT CERTIFICATION/SIGNATURE

I hereby certify that the above information is true and correct to the best of my knowledge and I understand that exemption from Idaho State Contractor registration is **not** an exemption from the permitting requirements of Caribou County.

Signed _____ Date _____

Please print name _____



CARIBOU COUNTY BUILDING DEPARTMENT
APPLICANT PAGE CHECK LIST (please retain)

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THE FOLLOWING INFORMATION MUST BE SUBMITTED BEFORE A BUILDING PERMIT IS APPROVED AND ISSUED.

- 1) Plans and specifications of the building. Plans for dwellings must be a minimum of 18 x 24 inches and contain the following:
 - a. Design Criteria frost depth must be 36 inches from bottom of footing
 - b. Truss design and other snow load information must be 60-pound roof snow load
 - c. Seismic support location required for D1 seismic zone
 - d. Building elevations
 - e. Basement plan-including footing width and depth
 - f. Engineering if required or applicable
 - g. First floor plan
 - h. Second floor plan
 - i. Typical wall and roof section
 - j. Typical stair section
- 2) Copy of septic system permit issued by Southeastern District Health Department
- 3) Copy of warranty deed to property and history of property splits if applicable
- 4) Physical address and address application if applicable

You are required to call and schedule inspections for the following phases of the project. Failure to do so may cause your permit to be revoked and a Stop Word Order be issued. You cannot move onto the next phase until you have been approved to do so by the Building Inspector. To schedule an inspection call Blake Poulsen at 208-221-4898.

- 1) **Setbacks** - Stake out the structure footprint at the site location before excavation begins.
- 2) **Footings** - When the rebar and molds have been placed and before concrete is poured.
- 3) **Foundation** – When the rebar and molds have been placed and before concrete is poured.
- 4) **Rough-In** – After the framing, plumbing and electrical* has been installed and before insulation is placed.
- 5) **Insulation** – When the insulation is installed and before sheet rock work begins.
- 6) **Sheet Rock** – When all sheet rock is placed and fully installed and before any mud is placed on the screws.
- 7) **Final Inspection** for Occupancy Permit.

You may need to contact the following

State Electrical Inspector: Todd Wilding 208-251-3556
 State HVAC Inspector: Chris Critser 208-221-9636
 State Plumbing Inspector: Travis Wright 208-221-9412
 Southeastern District Health Department: 208-547-4375
 Caribou County Addressing and GIS: 208-547-4749