

City of Star
P.O. Box 130, Star, Idaho 83669

Phone: 286-7247
Inspection Line: 286-9071

Fax: 286-7569
Building Dept.: 286-0074

Application for Building Permit – Residential and Commercial

Builder/Contractor _____ Phone _____ Address _____
 State Contractors License # _____ Date _____ City/State/Zip _____

Builder or Property Owner _____ Architect/Designer _____

Site Information _____ Street Address _____ Subdivision _____ Lot _____ Block _____

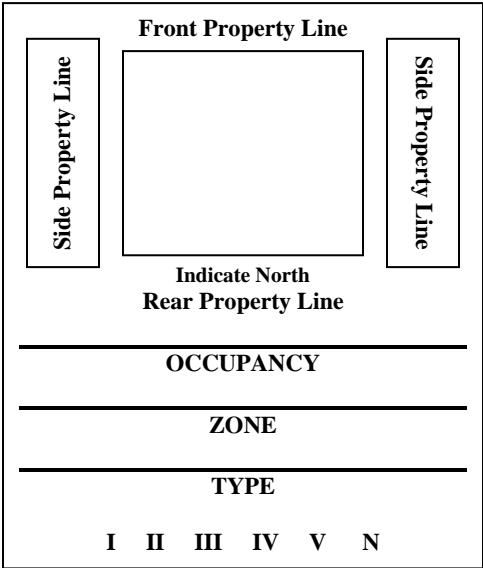
Structure **New** **Remodel** **Addition** **Repair** **Renewal** **Fire Damage** **Flood Plain** **Yes** **No**

Residence Commercial Educational Government Religious Patio Carport Detached Garage Swimming Pool/Spa

No. of Floors <input type="checkbox"/> SINGLE <input type="checkbox"/> BONUS <input type="checkbox"/> 2ND	Footings <input type="checkbox"/> CONCRETE <input type="checkbox"/> MASONRY	Foundation <input type="checkbox"/> CONCRETE <input type="checkbox"/> MASONRY	Basement <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL <input type="checkbox"/> NONE	Floors <input type="checkbox"/> WOOD <input type="checkbox"/> CONCRETE <input type="checkbox"/> OTHER _____	Exterior Walls <input type="checkbox"/> WOOD <input type="checkbox"/> MASONRY <input type="checkbox"/> VENEER <input type="checkbox"/> CONCRETE <input type="checkbox"/> METAL	Interior Walls <input type="checkbox"/> WOOD <input type="checkbox"/> MASONRY <input type="checkbox"/> CONCRETE <input type="checkbox"/> DRYWALL <input type="checkbox"/> PLASTER <input type="checkbox"/> TILE	Ceiling <input type="checkbox"/> WOOD <input type="checkbox"/> DRYWALL <input type="checkbox"/> PLASTER <input type="checkbox"/> TILE <input type="checkbox"/> ACOUSTIC <input type="checkbox"/> OPEN	Roof <input type="checkbox"/> BUILT UP <input type="checkbox"/> WD SHL <input type="checkbox"/> COMP SHL <input type="checkbox"/> TILE <input type="checkbox"/> ROLL ROOF <input type="checkbox"/> METAL	Heat Source <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> COAL <input type="checkbox"/> FIREPLACE <input type="checkbox"/> ELECTRIC	Insulated <input type="checkbox"/> WALLS <input type="checkbox"/> CEILING <input type="checkbox"/> FLOORS <input type="checkbox"/> PERIMTR
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This Permit is issued subject to the regulations contained in the Building Code and Zoning Regulations of the City of Star and it is hereby agreed that the work to Done as shown in the plans and specifications will be completed in accordance with the regulations pertaining and applicable hereto.

REMARKS:



DEPARTMENT OF BUILDING AND ZONING

SQUARE FEET LIVING AREA _____
 GARAGE _____
 VALUES \$ _____
 PERMIT \$ _____ ACHD # _____
 PLAN _____ DEPOSIT _____
 CHECK \$ _____ RECEIVED \$ _____
 SUB _____ SEWER/ _____
 TOTAL \$ _____ WATER # _____

TOTAL \$ _____

BUILDING OFFICIAL _____

APPLICANT IS RESPONSIBLE FOR LOCATION OF ALL PROPERTY LINES AND SETBACKS

LOT _____ BLOCK _____ SUBDIVISION _____

PERMIT ADDRESS _____

APPLICANT SIGNATURE _____

CONTRACTOR REGISTRATION NO. _____

EXPIRATION DATE _____

SQUARE FOOTAGE OF PROJECT _____

Office Use Only.....
 Date of Approval _____
 Permit Number _____
 Conditions _____