



City of Star
 Building Department
 PO Box 130
 Star, ID 83669
 Phone: 208.286.7247
 Fax: 208.286.7569

RESIDENTIAL BUILDING PERMIT APPLICATION

Building Permit Number: _____

Date Issued: _____

Contractor:		Registration Number:		Expires:	
Address:		City:		State: Zip:	
Phone/Mobile:		Fax:		Email:	
Architect/Designer:				Contact Name:	
Phone/Mobile:		Fax:		Email:	

PROJECT INFORMATION

Class of Work: New Addition Alteration Repair Miscellaneous

Single Family Dwelling: _____ Sq. Ft. Garage: _____ Sq. Ft. Porches/Misc: _____ Sq. Ft.

Job Address: _____

Legal Description	Lot:	Block:	Subdivision:
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Residential Addition: _____ Sq. Ft. Garage: _____ Sq. Ft.

Residential Remodel – Describe: _____

Residential Repair – Describe: _____

Misc/Storage Building – Describe: _____

Separate permits are required for plumbing, electrical, mechanical, demolition, and moved buildings.

This permit becomes null and void if work or construction authorized is not commenced within 180 days from the issuance of this permit, or if construction or work is abandoned or suspended for a period of 180 days after work is commenced. Expired permits are not eligible for an extension.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of ordinances and laws 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.

 Signature of Contractor or Authorized Representative (Date)

 Signature of Owner (If Owner/Builder) (Date)

For Office Use Only

ACHD Certificate Number _____

Sewer/Water Certificate _____

Deposit Received \$ _____

Values \$ _____

Permit \$ _____

Plan Check \$ _____

Subtotal \$ _____

Total \$ _____

Building Official _____