



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: \_\_\_\_\_ Energy Star N \_\_\_\_\_ Y \_\_\_\_\_

Legal Description	Lot:	Block:	Subdivision:
-------------------	------	--------	--------------

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	_____
Building Deposit	\$ _____
Mechanical Deposit	\$ _____
Values	\$ _____
Permit	\$ _____
Plan Check	\$ _____
Subtotal	\$ _____
Total	\$ _____
Building Official	_____

City – White copy

Applicant – Yellow copy

