**City of Bovill**

**Building Permit Application**

# P.O. Box 569 Bovill, ID 83806 (208)826-3603

Cityofbovill@gmail.com

Permit Number: Date Received:

Site Address: City: State: Zip Code: Parcel: Subdivision: Lot: Block: Applicant Name: Phone Number:

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| --- | --- | --- | --- | --- |
| Applicant Address: | City: | State: | Zip Code: |  |
| Project Contact Name: |  | Phone Number: |  |  |

Project Contact Email Address: General Contractor Name: License Number: Contractor Address: Phone Number:

Contractor Email Address:

Description of Work:

## Circle Scope of Work

Commercial or Residential

*Single Family Dwelling Duplex Multi-Family Dwelling Townhome Other New Addition Remodel Reroof Change of Use Other*

Total Square Footage: Number of Stories: Number of Units:

*Garage Shop Shed* Total Square Footage:

**Flood Plain:** Yes or No If yes, provide flood compliance details

## Total Construction Value: Plan Review Fee: Permit Fee:

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| This permit becomes null and void if work or construction authorized is not commenced within 180 days of issuance, or if construction or work is suspended or abandoned for a period of 180 days at any time after work commences unless written approval for an extension is granted by the City. No changes to the submitted plans or additional work is permitted without prior written approval from the City. |
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| Separate permits are required for electrical, plumbing, and mechanical work. |
|  |
| I hereby certify that I have read and examined the application and confirm that all statements, drawings, and depictions are true and accurate. All provisions of local, state, and federal laws governing this work will be complied with, whether specified herein or not. The granting of this permit does not give authorization to violate or cancel other local, state, or federal laws regulating construction or performance of construction. I further certify that the construction will conform to the dimensions and uses shown. |
| I hereby grant permission to the City and its representatives to enter the subject property to conduct inspections relative to this application. |

**Applicant Printed Name: Applicant Signature: Date:**