



TWIN FALLS COUNTY COMMUNITY DEVELOPMENT SERVICES

630 Addison Avenue West, Suite 1100, Twin Falls, Idaho 83301

Ph. 208-734-9490 Fax. 208-733-9645 www.twinfallscounty.org

RESIDENTIAL INTERIOR REMODEL BUILDING PERMIT APPLICATION

PROPERTY OWNER OF RECORD

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

Is the property owner doing the construction?

Yes or No

CONTRACTOR/MANAGER

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

Idaho Registration #: _____

Expiration date: _____

\$150 DEPOSIT DUE WHEN PLANS ARE SUBMITTED

Inspection Deposit Fee of 50% or \$150 (whichever is greater) and permit fee due when permit is issued

Complete and answer ALL questions, provide the necessary comment letters, submit two (2) sets of building and site plans (to scale) and signed RESChecks (if applicable) when submitting application.

1. **Parcel No.** _____ (i.e. RP10S18E150000 or RPOK3838999100 – obtained on your tax information or from the County Assessor’s Office).
2. **Copy of deed showing ownership including legal description** (obtained from the County Clerk’s Office).
3. **If in Subdivision:** Lot: _____ Block: _____ Subdivision: _____
4. **Address of Project:** _____
5. **Zone:** Rural Residential: _____ Ag Zone (40-acre zone): _____ Ag Pres (160-acre zone): _____ Commercial: _____
6. **Acreage:** _____ (If less than the acreage listed above for the zone, provide County Planning & Zoning approval.)
7. **Driving Directions:** _____

8. **Person to notify regarding permit:** _____ **Contact #:** _____

NO WORK TO BE DONE UNTIL PERMIT IS ISSUED

9. **Description of work:** _____
(i.e.: bedroom remodel, basement finish, etc.)

Remodel: Main floor: _____ sq/ft 2nd floor: _____ sq/ft Height: _____
Finished basement: _____ sq/ft *Unfinished basement: _____ sq/ft
Daylight basement: _____ sq/ft Convert Garage to Living Space: _____ sq/ft

Repair (detailed description of work): _____

Other (detailed description of work): _____

Estimated Value: \$ _____ **Total Sq/Ft:** _____

*All bedrooms, including basement, are required to have an approved egress window and smoke detector. At least one window in an unfinished basement must meet egress requirements.

REQUIRED PLANS/INFORMATION TO ACCOMPANY COMPLETED APPLICATION

10. **Energy Code Compliance Certification** (RESchecks Software may be obtained at www.energycodes.gov).

11. **Floor plans with dimensions.**

12. **Comment from South Central District Health** (required if increasing number of bedrooms or bathrooms).

1020 Washington St. N. (CSI Campus) phone: 737-5918

13. **Comment/plan review from the local Fire District** (required if the area being remodeled is currently an unfinished basement or garage and/or the total floor area within the roof line exceeds 4,500 square feet).

Bliss Fire Department	120 Hwy 30	phone: 352-4320
Buhl Fire Department	201 Broadway Ave. N.	phone: 543-5664
Castleford Fire Department	3590 North 900 East	phone: 420-0301
Filer Rural Fire District	300 Main St.	phone: 326-4111
Hagerman Fire District	150 Salmon St E.	phone: 837-4552
Rock Creek Rural Fire District (Murtaugh, Kimberly, Hansen)	1559 Main St N., Kimberly	phone: 423-4336
Salmon Tract Rural Fire Prot. Dist.	2411 East 2450 North	phone: 655-4222
Twin Falls Rural Fire District	345 2 nd Ave. E.	phone: 735-7232

PRIOR TO FIRST INSPECTION
PROPERTY ADDRESS MUST BE POSTED AT PUBLIC ROADWAY

I hereby apply for a permit to do work stated above, and acknowledge that I have read this application and hereby certify that the above information is complete and correct and, as the applicant, I accept the responsibility to insure that all work, material and inspections will be in accordance with State and County adopted codes, ordinances, and Building Dept. inspections prior to use or occupancy.

Signature of Owner

Date

Signature of Applicant

Date

Office Use Only: Plans Reviewed by: _____ Plans Approved by: _____
Zoning Approved by: _____ Notification to pick up: _____

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