



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 #: _____

Email: _____

Is the property owner doing the construction?

Yes or No

CONTRACTOR/MANAGER

Name: _____

Address: _____

City: _____

Phone: _____

Cell or other #: _____

Email: _____

Idaho Registration #: _____

Expiration date: _____

PLAN REVIEW FEE DUE AT TIME OF SUBMITTAL

Plan Review Fee will be 35% of the building permit fee (or \$100 whichever is greater)

Building Permit Fee will be collected when the permit is Issued.

Electronic Plans in PDF format are Preferred; submit plans via email or upload to the Citizens Connect permit portal.

Complete and answer ALL questions, provide the necessary comment letters, signed RESChecks when applicable, and building and site plans to scale (see attached instructions) 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 Ag Pres. Commercial Impact Area _____

6. **Acreage:** _____ (If less than the acreage allowed for the zone, provide County Planning & Zoning approval.)

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

8. **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:** _____ **Cubic/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

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

10. **Floor plans with dimensions. Electronic Plans in PDF format are Preferred; submit plans via email or upload to the Citizens Connect permit portal. If submitting paper plans, minimum 11"x17" size required.**

11. **Comment from South Central District Health** (required if increasing number of bedrooms or bathrooms).
1020 Washington St. N. (CSI Campus) phone: 737-5900

12. **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).

(Note: provide total cubic feet to the Fire Districts.)

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: 410-3928
Filer Rural Fire District	100 Hwy 30	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: _____
Zoning Approved by: _____

Plans Approved by: _____
Notification to pick up: _____

NO WORK TO BE DONE UNTIL PERMIT IS ISSUED