



**BUILDING & SAFETY
DEPARTMENT**
115 So. Main Street
Hailey, ID 83333
(208) 788-9815

APPLICATION FOR BUILDING PERMIT

BLDG APP WATER & WASTEWATER ENCROACHMENT
 ABOVE CODE COMMUNITY HOUSING CUSTOMER# _____
(ENERGY STAR)

OWNER: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____
EMAIL ADDRESS: _____
CONTRACTOR: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____
EMAIL ADDRESS: _____
CONTRACTOR REGISTRATION NO.: _____ **Mandatory**

ESTIMATED COST OF CONSTRUCTION: \$ _____
(New construction shall be calculated at \$120 per sq. ft.)

CLASS OF WORK: NEW COMMERCIAL NEW RESIDENTIAL ALTER
REPAIR MOVE ENLARGE OTHER _____
Please specify: (sheds, decks, pergola, or any accessory structure over 120 sq ft)
(\$75) DEMO _____ (\$75) EXTENSION OF _____
Completion Date (Expires 90 days after issuance) (Valid for 180 days/6mos.) PREVIOUS PERMIT NO. _____

DESCRIPTION OF WORK: _____

STREET ADDRESS OF WORK: _____

LEGAL DESCRIPTION OF LAND: LOT# _____ BLOCK # _____ SUBDIVISION _____

LOT AREA: _____ SQ. FT. **LOT IN FLOOD PLAIN:** NO YES (if YES provide Floodplain Development Permit application)

ZONING: A B GR LR-1 LR-2 TN LB LI TI SCI-I SCI-SO RGB

TYPE OF CONSTRUCTION: _____

Total Floor Area of First Floor: _____ Sq. Ft. **NO. OF STORIES:** _____ **NUMBER OF UNITS:** _____
(If residential, carry this number of units over to page 2)
Total Floor Area of Second Floor: _____ Sq. Ft.
Total Floor Area of Basement: _____ Sq. Ft. **SET-BACKS:** FRONT: _____ ft. REAR: _____ ft.
Total Floor Area of Garage: _____ Sq. Ft. RIGHT SIDE: _____ ft. LEFT SIDE: _____ ft.
Total floor Area of out Buildings: _____ Sq. Ft. **WATER SUPPLY SOURCE:** _____
TYPE OF SEWAGE DISPOSAL: _____

****SEE REVERSE SIDE** (Signature pg. 2)**

Official Use Only

Permit No: _____
Date Filed: _____
Base Permit Fee: \$ _____
(Based on Construction Cost)
Plan Review Fee: \$ _____
(65% of Base Permit Fee)
Subtotal: \$ _____
Final Inspection Fee: \$ _____
(25% of Subtotal; refundable)
Development Impact Fee: \$ _____
(See reverse side)
Hailey Fire Dept. Fee: \$ _____
(35% of Plan Review Fee - Where applicable)
Total Fees: \$ _____

Requires Approval of Yes
Planning Department No

