

CITY OF MARSING

425 Main St., PO Box 125, Marsing, ID 83639

208-896-4122 ex. 1

Kevin Hinsdale, Building Official

BUILDING PERMIT APPLICATION**NON-RESIDENTIAL/MULTI FAMILY**

Plan Review Deposit (if required) _____

PROJECT INFORMATION

Job Address _____ Project Name _____
 Legal Description: Lot _____ Block _____ Subdivision _____

OWNER/CONTRACTOR**DESIGNER****Owner:** _____

Address: _____

Phone: _____ Cell: _____

Contractor: _____

Address: _____

Phone: _____ Cell: _____

RCE# _____

Architect: _____

Address: _____

Phone: _____ Cell: _____

Engineer: _____

Address: _____

Phone: _____ Cell: _____

Class of Work: New Addition Repair Alteration Tenant Improvement Misc.Use of Building:
_____Change of Use (Describe)
_____Change of Occupant (Describe)
_____**Valuation of Work:** \$ _____

Exclude Electrical, Mechanical & Plumbing

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.

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 laws regulating construction.

Signature of Contractor or Authorized Rep. Date_____
Signature of Owner (if owner builder) Date**DESIGN CRITERIA REQUIRED**

Occupancy Group (s) _____

Type of Construction _____

Fire Sprinklers: Yes No

Total Area of Building: _____

Is building a Mixed Use: Yes No**OFFICIAL USE ONLY**

BUILDING PERMIT # _____

Department Approvals

Department	Signature	Date
P & Z	_____	_____
Engineering	_____	_____
City Maintenance	_____	_____