



Phone: 208.786.9131  
Fax: 208.784.1100  
1007 McKinley Avenue  
Kellogg, Idaho 83837

Building Department Permit Application

All building permit fees must be paid with cash or check only.

The following information may not be required for all building permit applications, but please complete the areas which pertain to your project. This is **not** a building permit. No construction can begin until a building permit is issued. Commercial construction or new construction requires **TWO SETS OF PLANS** from the contractor (**must be at least 24"x18"**). **Site plans must show:** boundaries and dimensions, proposed and existing structures, setbacks, roads, parking, sewer/septic facilities, and other pertinent information.

Electrical, plumbing, and mechanical permits are issued and inspected by the State of Idaho:  
1-800-955-3044 [dbs.idaho.gov](http://dbs.idaho.gov)

Select all types of work that will be done:  New Construction  Addition  Alteration  Demolition  
 Fence Installation/Modification  Re-Roof  Siding Installation  Sign Installation  
 Mobile/Manufactured Home Setting  Floodplain Development

Section 1: Please complete this section for **ALL PERMITS.**

Property Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contractor/Applicant Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

State Contractor Registration Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Lot Size: \_\_\_\_\_ Block #: \_\_\_\_\_

Addition: \_\_\_\_\_

Applicant Status:  Owner  Agent  Tenant  Contract Buyer

Section 2: Please complete this entire section for new construction, additions, and alterations.

Total Square Footage of Building: \_\_\_\_\_ Height: \_\_\_\_\_

# of Existing Buildings on Lot: \_\_\_\_\_ Use of Building: \_\_\_\_\_

Value of Project: \_\_\_\_\_

Purpose of Permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Section 3: Please complete this entire section for a Demolition Permit.

811 Utility Locate Called? \_\_\_\_\_ Date Called: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

# of Structures to be Demolished: \_\_\_\_\_

Types of Materials Being Removed From Site: \_\_\_\_\_

Method of Removal(City of Kellogg Roll-Off, Commercial Demolition Company, etc.):

Describe Noise, Odor, Dust, and Traffic Impact:

Section 4: Please complete this entire section for re-roof and siding permits.

Roof Slope: \_\_\_\_\_ # of Squares: \_\_\_\_\_

Valuation: \_\_\_\_\_

Type of Existing Roofing:  Comp. Shingles  Wood Shingles  Wood Shakes  Build-up  
 Rolled Roofing  Metal  Other: \_\_\_\_\_

# of Existing Layers of Roofing: \_\_\_\_\_ Strip Existing Roof to Sheeting:  Yes  No

Type of Material to be Installed:  Comp. Shingles  Wood Shingles  Wood Shakes  Build-up  
 Rolled Roofing  Metal  Other: \_\_\_\_\_

**NOTE:**

- A pre-reroof inspection is required prior to application of new material. Call 24 hours in advance to schedule an inspection, 208-661-0494.
- Ice Shield underlayment required.
- Proper ventilation must be provided.
- Dry-rot conditions of structural problems, and/or I.R.C requirements must be followed.
- TWO ROOFING APPLICATIONS ARE ALLOWED ON EXISTING ROOF SYSTEMS. (Exception: A roof system that is sound may have three applications if the 3<sup>rd</sup> application is metal. )
- Mobile and manufactured home with a 30LB snow load roof system shall be allowed one (1) roof unless second application is metal.

Section 5: Please complete this entire section for a Sign Permit. (site plan for sign and two(2) color copies of proposed sign required)

Business Name: \_\_\_\_\_

Sign Dimensions: \_\_\_\_\_

Installation type:  New  Replacement -Existing Sign Dimensions: \_\_\_\_\_

Sign Type:  Wall  Awning  Mural  Free Standing (freeway location, must have height and illumination for proposed sign)  Projecting (must have projecting distance from building and ground)  
 Sandwich (site plan of location in parking lot)  Sandwich (site plan of location on sidewalk)

Type of mounting devices: \_\_\_\_\_

Building Façade Dimensions (if applicable): \_\_\_\_\_

Section 6: Please complete this entire section for a Floodplain Development Permit.

<p>OFFICE USE ONLY</p> <p><input type="checkbox"/> EC <input type="checkbox"/> No-Rise <input type="checkbox"/> CLOMR <input type="checkbox"/> Attachments</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Subject to COA</p>
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Flood Zone: \_\_\_\_\_  Floodway    BFE: \_\_\_\_\_    Map & Tract #: \_\_\_\_\_

FIRM Map & Panel #: \_\_\_\_\_    Minimum Lowest Floor Elevation: \_\_\_\_\_

Structural Development (select all that apply)

Type of Structure:  Residential (1 to 4 units)  Residential (more than 4 units)  Mixed Use  
 Non-Residential (Elevated)  Non-Residential (Floodproofed-attached certificate)  
 Manufactured Home on Individual Lot  Manufactured Home in Park

Type of Structural Activity:  New Structure  Existing Structure  Replacement of Existing Structure  
 Relocation of Existing Structure  Addition to Existing Structure  Remodel of Existing Structure  
 Other: \_\_\_\_\_

Valuation Information:

Estimated Market Value of Existing Structure: \_\_\_\_\_

Cost of Proposed Construction: \_\_\_\_\_

Other Development Activities (select all that apply)

Tree, Vegetation and/or Debris Removal  Drainage Improvement  Stream Bank Stabilization  
 Grading (attach grading plan)  Fence or Wall Construction  Swimming Pool Installation  
 Roadway or Bridge Construction  Watercourse Channel Modification  Dredging  Mining  
 Excavation: cu yds \_\_\_\_\_  Fill Placement: cu yds \_\_\_\_\_  
 Other Development Activity: \_\_\_\_\_

If the value of an addition to a structure equals or exceeds 49% of the market value of the structure before the addition or alteration, the project is a substantial improvement and must comply with the minimum development requirements established in Chapter 8.24 of the CPMC. A relocated structure must be treated as new construction.

All entities marked below must be contacted for approval prior to the issuance of a building permit.  
 Please call the appropriate phone number listed to make an appointment.

Entity Requiring Approval	Contact	Date	Signature
<input type="checkbox"/> Building Department	Keith Teeters (208) 786 9131		
<input type="checkbox"/> Flood Plain	Keith Teeters (208) 786 9131		
<input type="checkbox"/> Planning & Zoning	Keith Teeters (208) 786 9131		
<input type="checkbox"/> Shoshone county Fire #2	Scott Dietrich (208) 784 1188		
<input type="checkbox"/> Traffic Safety	Paul Twidt (208) 784 1131		
<input type="checkbox"/> CSC Water District	Chad Nelson (208) 786 9141		
<input type="checkbox"/> Public Works Director	Mike Fitzgerald (208) 786 9131		
<input type="checkbox"/> South Fork Swere Dist.	Pete Stayton (208) 753 8041		
<input type="checkbox"/> Avista	Allision Blalack (208) 786 6931		
<input type="checkbox"/> Dept of Water Resources	Keith Franklin (208) 769 1450		
<input type="checkbox"/> Optimum	(208) 752 1151		
<input type="checkbox"/> Williams Pipeline	Audie Newson (509) 465 3326		

By signing below, I hereby acknowledge that I have read this application and state that the above information and statements I have made are correct. I agree to comply with all ordinances and state laws regulating building and construction.

\_\_\_\_\_  
 Signature Printed Name Date

City of Kellogg Building Official  
 Keith Teeters  
[Keith.teeters@kellogg.id.gov](mailto:Keith.teeters@kellogg.id.gov)  
 Office: (208) 786 9131  
 Cell: (208) 661 0494