

**CONSOLIDATED BUILDING-DEVELOPMENT PERMIT APPLICATION****City of American Falls****APPLICANT TO COMPLETE TOP PORTION ONLY**

1. Street/Road Address of Proposed Work:		2. Value of Proposed Work:		
3. Legal Description of Proposed Work Site	Lot:	Block:	Subdivision:	Description Attached
4. Owner:	Address:	City, State, Zip Code:	Telephone:	
5. Contractor:	Address:	City, State, Zip Code:	Telephone:	
6. Architect or Engineer:	Address:	City, State, Zip Code:	Telephone:	
7. Lender:	Address:	City, State, Zip Code:	Telephone:	
8. Class of Work	GRADING NEW ADDITION ALTERATION REPAIR MOVE DEMOLISH SIGN			
9. Describe Work	A SITE PLAN MUST BE ATTACHED			
10. Land Use?		11. Change of Use?	From?	
12. Signature	<p>This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City or County, and state and federal law; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval or the approval of previous permits (special use permits, variances, etc.) required.</p> <p>A building permit expires if work is not commenced within 180 days of its approval OR if work is commenced but abandoned for 180 days at any time before its completion. A development permit establishes a vested right for the approved land use for two years.</p> <p>_____ Applicant's Signature _____ Date</p>			

Application Accepted By:		Date:		Application Fee Received: \$	
Zoning District:	Checked for Zoning Compliance: Complies Fails to Comply		Checked for Health Department Compliance: Complies Fails to Comply		
Lots Size (SF):	Building Size (SF):	Lot Coverage (%):	Setbacks Shown in Site Plan?	Building Height (FT):	
Type Construction:	Occupancy Group:	# Dwelling Units:	Occupant Load:	# Parking Spaces:	
Conditions Imposed:	Additional sheets may be attached as needed.				
Permit Approved By:			Date:		

Your permit is void if your check does not clear.