



The City of Iona
3548 North Main Street, Iona, ID 83427
Phone: (208)-523-5600 Fax: (208)-535-0087
E-mail: cityclerk@cityofiona.org

Commercial Building Permit Application

PLEASE CHECK ONLY ONE

New Addition Alteration/remodel Maintenance/repair/replace

PROJECT INFORMATION

PROJECT TITLE:	SITE ADDRESS:	ESTIMATED COMPLETION DATE:
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VALUATION:	DESCRIPTION OF WORK:
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TYPE OF STRUCTURE (CHECK ONE): <input type="checkbox"/> Three-four family residential <input type="checkbox"/> Multiple-family residential <input type="checkbox"/> Offices, banks, professional <input type="checkbox"/> Stores, restaurants, warehouse <input type="checkbox"/> Hotels, motels <input type="checkbox"/> Parking garage <input type="checkbox"/> Service stations and repair garage <input type="checkbox"/> Other non-residential buildings <input type="checkbox"/> Fences, signs, and antennas <input type="checkbox"/> Recreational, amusement <input type="checkbox"/> Other non-housekeeping shelter <input type="checkbox"/> Industrial buildings <input type="checkbox"/> Public works and utilities buildings <input type="checkbox"/> Public Schools <input type="checkbox"/> Private Schools <input type="checkbox"/> Churches and religious buildings <input type="checkbox"/> Hospital and institutional buildings <input type="checkbox"/> Other non-building structures	CHECK ALL APPLICABLE TO PROJECT: <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> HVAC <input type="checkbox"/> Plumbing DOES PROJECT INVOLVE PLANNING OR COUNCIL CONDITIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BUILDING AREA _____ SQUARE FEET
UNITS _____ STORIES _____ PARKING SPACES _____
SETBACKS FRONT _____ REAR _____ SIDE 1 _____ SIDE 2 _____

PROPERTY OWNER

NAME:	EMAIL:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	

CONTRACTOR

NAME:	EMAIL:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	LICENSE NO.:



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ARCHITECT/ENGINEER

NAME:	EMAIL:	PHONE:
ADDRESS:	CITY/STATE/ZIP:	REGISTRATION NO.:

PLEASE READ AND SIGN

I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Iona and the State of Idaho; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in case of all work which requires review and approval of plans:

APPLICANT'S PRINTED NAME:	APPLICANT'S SIGNATURE:	DATE:
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

PERMIT NO.:	OFFICE VALUATION: \$ _____
PERMIT FEE INFORMATION: BUILDING FEE \$ _____ ELECTRICAL FEE \$ _____ MECHANICAL FEE \$ _____ PLUMBING FEE \$ _____ OTHER FEES \$ _____ CITY SERVICES/CONNECT FEES: <input type="checkbox"/> Water (Size) _____ Amount: \$ _____ TOTAL PERMIT FEE: \$ _____	CONDITIONS OF ISSUANCE:
DATE PERMIT FILED:	DATE PERMIT APPROVED:

Approved By: Building Inspector Allen Eldridge _____