

Teton County Idaho – Commercial Building Permit Application

This application is for new commercial buildings, commercial remodels and change of occupancy classification or use.

NOTICE: **CERTIFICATE OF OCCUPANCY IS REQUIRED** Before occupying your project, you must have a final inspection by the Building Department and other appropriate County and State Agencies. Following approval of these inspections, a Certificate of Occupancy will be issued. Occupation of the proposed building in whole or in part without all of the required inspections may make you subject to fines under the Teton County Building Code (Title 6) and the currently adopted International Building Code.

Contact Information

Property Owner:						
Phone:	En	nail Address:_				<u> </u>
Mailing Address:						
Street	t			City	State	Zip
Applicant* (If different from	legal property owner): _					
Phone:	En	nail Address:				
Mailing Address:				-		
*Only the legal owner or his/her author authorization form found on the County	ized agent may sign this applica	tion, and associate	d documents. The own	City er must complete and gent for this applicat	State d sign the notarized ion process and buildi	Zip ng permit.
Contractor:			_Contact Name:			
Phone:	En	nail Address:				
Idaho Contractor's Registrati	ion Number:	Insuran	ce Carrier:			
Mailing Address:				-	~	
Street			•	City	State	Zip
Architect:			Contact Name:			
Phone:	En	nail Address:				
Idaho License Number:						
Mailing Address						
Mailing Address Street	İ.			City	State	Zip
Property Information						
Site Location:						
Street				City		
Subdivision:				Lot/Block		
Parcel Number:		Section	Township	Range	Acres_	

Proposed Use

Describe the precise nature of the project. Indicate new construction, remodel or addition. List all use types such as retail, auto repairs, office building, restaurant etc. & the type of businesses that will occupy the proposed structure. Include any potential plans for expansion that may be considered to avoid future code issues.

Number of Employees: _____

Building Sett	oacks: Indicate the	distances of propo	sed structures from p	roperty lines, easements (i	including access, road and	
				s and ditches. This inform		
clearly shown	on your site plan, a	long with septic s	ystem, well locations	, driveway(s), parking etc.		
North	South	East	West	Front of Structure f	aces (N, S, E, W)	
Road (edge o	f easement)	Building H	eight			
				hown both here and on the	e submitted plans. All buildings ilding Code (IBC).	
Type of Cons	struction:			Sprinklered	Yes No	
Primary Occ	upancy Group		Area(sf)	_ Number of Stories:	
For building	s with multiple occ	cupancies, please	complete the follow	ing for the additional occ	cupancies/uses:	
Use/Occupano	су		Actual Area	Occupancy Load		
Use/Occupano	су		Actual Area	Occupancy Load		
Use/Occupano	су		Actual Area	Occupancy Load		
		or the use or storag	Total Occupancy Lo ge of hazardous mater	ad :ials shall submit a list of t	he materials to be used /stored	
Additions and	d remodels					
Year Built	Existing Use	e/Occupancy:	Ex	isting Occupancy Classif	fication:	
Area of Exist	ing Building:		Existing Occupan	cy Load:		
New Use/Occ	upancy		Area	Occupancy Load		
New Use/Occ	upancy		Area	Occupancy Load		
Total Area of	f Remodel:					
actual cost of	ed on the valuation	luding land, this v	will be used for report	ing purposes only. Permit	ount.) This figure should be the & Plan Review fees will be ation Data published by the	

Applicant(s) Signature: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and true to the best of my knowledge. I agree to comply with all County regulations and State Laws relating to the subject matters of this application and hereby authorize a representative of this County to enter upon the above-mentioned property for inspection purposes. In signing this application, I acknowledge that the County's acceptance of this application and/or permit fees does not constitute approval of the permit. I agree not to commence any work for which this application is being made prior to approval of this application by the appropriate County Agencies and understand that additional fees will be assessed if such work is commenced. I also understand that this permit is not valid until all fees are paid in full.

Signature *	Print Name and Title	Date
Signature *	Print Name and Title	Date
* If owned by a corporation, trust	or similar entity, provide documentation of authority to sign.	



Teton County Idaho – Building Department Notarized Letter of Authorization

rinted Name of Ormon(a)			, whose mailing address is		
Printed Name of Owner(s)					
Street	City		State	Zip	
As owner(s) of property more specifically described as:	Parcel Number	Section	Township Range	_OR	
Street Address		City		,	

HEREBY AUTHORIZES

as Agent to

represent and act for the Owner in making application for and receiving and accepting on Owners behalf, any permits or other action by the Teton County Building Departmet, and or other County Departments relating to the modification, development, improvements, use or occupancy of land in Teton County, Idaho. Owner agrees that Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in said application of any Owner information in support thereof, and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that Owner shall be bound and shall abide by the written terms or conditions of issuance of any such named representative, weather actually delivered to Owner or not. Owner agrees that no modification, development, improvement, occupancy or use of any structure or land involved in the application shall take place until approved by the appropriate official of Teton County, Idaho, in accordance with applicable codes and regulations. Owner agrees to pay any fines and be liable for any other penalties arising out of failure to comply with the terms of any permit or arising out of any violation of applicable laws, codes or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the forgoing is true and, if signing on the behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

Signature of Owner/ Managing Member	Print name	Date
Signature of Owner / Managing Member	Print Name	Date
STATE OF) SS	
COUNTY OF)	
Subscribed and sworn to before me by		
On thisday of	, 20	
WITNESS my hand and official seal.	Official Seal	
Notary Public	Expiration Date	e