



Permit no.

Commercial Building Permit Application

Site Address	Date
Tenant/building name	Suite/unit no.
Applicant is <input type="checkbox"/> Architect/engineer <input type="checkbox"/> Contractor <input type="checkbox"/> Owner	Condominium no.

Property owner

Name	e-mail	Phone		
Address	City	State	Zip	Cell

Contractor

Name	Registration no.	License no.		
Address	City	State	Zip	Phone
Contact person	e-mail	Cell		

Architect/engineer

Name	e-mail	Registration no.		
Address	City	State	Zip	Phone
Contact person	Cell	Fax		

Class of work

Check only one. New Alteration/remodel Addition Maintenance/repair/replace

Type of structure

- Check only one.
- Three-four family residential
 - Multiple-family residential
 - Offices, banks, professional
 - Stores, restaurants, warehouse
 - Hotels, motels
 - Parking garage
 - Service stations and repair garage
 - Other non-residential buildings
 - Fences, signs and antennas
 - Recreational, amusement
 - Other non-housekeeping shelter
 - Industrial buildings
 - Public works and utilities building
 - Public schools
 - Private schools
 - Churches and religious buildings
 - Hospitals and institutional buildings
 - Other non-building structures

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Project details

Project title _____
Estimated completion date _____ Valuation (excluding land) \$ _____
Description of work _____

Does project involve Planning or Council conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Check all items applicable to project.</i>	
Does project involve food, beverage, vending storage/prep.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Building	<input type="checkbox"/> HVAC
Is a pool/spa/whirlpool/hot tub to be installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire department
Does project involve public parking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Electrical	<input type="checkbox"/> Health department

Construction type _____ Occupancy group _____

Building area _____ square feet Case no. _____

Number of Units _____ Stories _____ Parking spaces _____

Setbacks Front _____ Rear _____ Side 1/garage _____ Side 2 _____

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 Ammon 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 the case of all work which requires review and approval of plans.

Applicant's printed name

Applicant's signature

Date

Do not write below this line

Conditions of issuance _____

Office valuation \$ _____ Special inspections _____

Fee information

Building valuation	\$ _____	Fee	\$ _____
Plan review fee, due at time of application			\$ _____
Electrical valuation	\$ _____	Fee	\$ _____
Mechanical valuation	\$ _____	Fee	\$ _____
Plumbing valuation	\$ _____	Fee	\$ _____
		Fire review	\$ _____
		Other fees	\$ _____

City services/connect fees

<input type="checkbox"/> Dumpster no.	amt	\$ _____
<input type="checkbox"/> Meter	amount	\$ _____
<input type="checkbox"/> Sewer	amount	\$ _____
<input type="checkbox"/> Water size	amt	\$ _____

Estimated total city fees \$ _____

Estimated total building fees \$ _____