



**BUILDING DIVISION**

# BUILDING PERMIT APPLICATION

Public Services Department  
408 N. Spokane St. – Post Falls, ID 83854  
Phone: (208)773-8708 Fax: (208)777-8378  
www.postfallsidaho.org

**TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK ONLY**

Fill out all sections as fully as applicable in order to expedite the approval process.  
A separate building permit application is required for each structure including for each town house.

### PROPERTY INFORMATION

PROJECT ADDRESS: \_\_\_\_\_ SUITE/ UNIT #: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

CONTACT (IF DIFFERENT THAN OWNER): \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_ VALUATION: \_\_\_\_\_

SINGLE FAMILY RESIDENCE TOTAL # OF BEDROOMS: \_\_\_\_\_

### COMMERCIAL BUILDING OCCUPANCY(S):

OCCUPANCY(S): \_\_\_\_\_ SQUARE FEET: \_\_\_\_\_ TYPE OF CONST: \_\_\_\_\_

### CONTACT INFORMATION

CONTRACTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

ARCHITECT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ENGINEER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct.  
This application does not authorize any type of work to be started. A building permit will be issued after a review of this application and necessary plans for building, engineering and planning compliance.  
This application becomes null and void if not purchased within 180 days from submittal date below.

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER/ AGENT/ OR CONTRACTOR DATE

\_\_\_\_\_  
PLEASE PRINT NAME