



**CITY OF EAGLE  
COMMERCIAL BUILDING  
PERMIT APPLICATION**

660 E. Civic Lane, Eagle, Idaho 83616  
Phone: (208)489-8760 [www.cityofeagle.org](http://www.cityofeagle.org)

**BLDG PERMIT NO:** \_\_\_\_\_

**ZONING CERTIFICATE:**  Yes  No

**DEPOSIT:** \_\_\_\_\_

----- City Date Stamp -----

THIS PERMIT APPLICATION is subject to the regulations contained in the 2018 IBC, 2018 IECC and Zoning Regulations of the City of Eagle. All applications expire **180 days** from the date they are received. Expired applications will require reactivation at such time that the responsible party decides to move forward with the project. Reactivation fees may be required. Please contact the Building Official with any requests for reactivation or extensions.

PROJECT SITE	
Business / Tenant / Project Name:	<b>Design Review#:</b> _____
Project Address:	City/State/Zip: _____
Assessor Verified Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parcel #: _____
Subdivision:	Block: _____ Lot: _____
Major Cross Streets:	Lot Size: _____
<b>Is property in 100-Year Floodplain?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this a NEW or RELOCATED business to Eagle?</b>	<input type="checkbox"/> New <input type="checkbox"/> Existing Business Relocating
<b>Construction is for:</b>	<input type="checkbox"/> Interior Only <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior/Façade Only <input type="checkbox"/> Site Work Only
TYPE OF PERMIT	
<input type="checkbox"/> New Building (w/tenant) <input type="checkbox"/> New Building (no tenant) <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Demolition <input type="checkbox"/> New Tenant in an Existing Space <input type="checkbox"/> Tenant Improvement (w/existing tenant) <input type="checkbox"/> Tenant Improvement (no tenant) <input type="checkbox"/> Fire Restoration (attach scope of work) <input type="checkbox"/> Certificate of Occupancy ONLY (Change of tenant - no remodel or improvements being done) <input type="checkbox"/> Other	
<b>PRIOR USE</b> within tenant space or building:	_____

PROPOSED USE OR ACTIVITY FOR THIS PERMIT (Chapter 3 IBC)			
<input type="checkbox"/> Assembly/Church	<input type="checkbox"/> Industrial / Manufacturing	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Bar / Brewery / Tavern	<input type="checkbox"/> Mercantile / Retail	<input type="checkbox"/> Shell Bldg. (no tenant)	
<input type="checkbox"/> Beauty/Barber Shop	<input type="checkbox"/> Multi-Family (3+ units)	<input type="checkbox"/> Sign(s)	
<input type="checkbox"/> Duplex (under IBC)	<input type="checkbox"/> Office / Professional	<input type="checkbox"/> Storage / Warehouse	
<input type="checkbox"/> Educational / Daycare	<input type="checkbox"/> Parking Facility	<input type="checkbox"/> Winery / Tasting Room	
<input type="checkbox"/> Fence / Wall / Retaining Wall	<input type="checkbox"/> Pool (Commercial)	<input type="checkbox"/> Other:	
<input type="checkbox"/> Hospital / Institutional	<input type="checkbox"/> SF Residential (under IBC)		
<input type="checkbox"/> Hotel / Motel			
PROJECT VALUATION			
Project Value is the total value of all construction work for which the permit is issued (including overhead and profit), as well as finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems and other permanent equipment.			\$
DESCRIPTION OF WORK			
Please provide a complete description of work to be done under this permit:			
BUILDING DATA (Chapter 5 IBC)			
<input type="checkbox"/> Single-Story (Single-Tenant) Building <input type="checkbox"/> Single-Story (Multi-Tenant) Building <input type="checkbox"/> Multi-Story (Single-Tenant) Building <input type="checkbox"/> Multi-Story (Multi-Tenant) Building			
<b># of Stories:</b>		<b># of Buildings on Site:</b>	
<b>Max. Height of Bldg:</b>		<b>Allowable Height:</b>	
<b># of Residential Units:</b>		<b>Occupant Load:</b>	
<b>NEW Building Square Footage (by floor):</b>	<b>1<sup>st</sup> Floor:</b>		<b>1<sup>ST</sup> Floor:</b>
	<b>2<sup>nd</sup> Floor:</b>		<b>2<sup>nd</sup> Floor:</b>
	<b>3<sup>rd</sup> Floor:</b>		<b>3<sup>rd</sup> Floor:</b>
	<b>Basement</b>		<b>Basement:</b>
	<b>Occupied Roof:</b>		<b>Occupied Roof:</b>
	<b>TOTAL</b>		<b>TOTAL</b>
<b>Fire Sprinklered Building(s):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Suppression System Type:</b>	<input type="checkbox"/> NFPA-13
<b>Fire Alarms:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> NFPA-13R
			<input type="checkbox"/> NFPA-13D
<b>Occupancy Separation Options (IBC 508)</b>	<input type="checkbox"/> Non-Separated Occupancies <input type="checkbox"/> Separated Occupancies <input type="checkbox"/> Accessory Occupancy		
<b>Special Inspections Req'd?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Inspection Agency:</b>	

<b>TYPE OF CONSTRUCTION (Chapter 6 IBC)</b>	
<input type="checkbox"/> I-A <input type="checkbox"/> I-B <input type="checkbox"/> II-A <input type="checkbox"/> III-A <input type="checkbox"/> III-B <input type="checkbox"/> IV-A <input type="checkbox"/> IV-B <input type="checkbox"/> V-A <input type="checkbox"/> V-B	
<b>OCCUPANCY CLASSIFICATION (Chapter 3 IBC)</b>	
<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-4 <input type="checkbox"/> H-5 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/> I-4 <input type="checkbox"/> M <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/> S-1 <input type="checkbox"/> S-2 <input type="checkbox"/> U	
<b>COMMERCIAL POOL INFORMATION (if applicable)</b>	
<b>Type of Pool/Spa:</b> <input type="checkbox"/> Fiberglass <input type="checkbox"/> Vinyl Liner <input type="checkbox"/> Concrete/Gunite <input type="checkbox"/> Other:	
<b>Pool / Spa is:</b> <input type="checkbox"/> Above Ground (storable/portable) <input type="checkbox"/> Above Ground (permanent) <input type="checkbox"/> In-Ground	
<b>Height of Pool/Spa Above Ground:</b>	<b>Pool/Spa Depth:</b>
<b>Setbacks: (Front)</b>	<b>(Side)</b>
	<b>(Rear)</b>
<b>Pool Barrier:</b> <input type="checkbox"/> Structure Wall <input type="checkbox"/> Solid Fence <input type="checkbox"/> Rod Iron Fence <input type="checkbox"/> Pool Structure as Barrier	
<b>Barrier Materials:</b>	<b>Height of Barrier:</b>
<b>UTILITIES</b>	
<b>Water:</b>	<input type="checkbox"/> Public <input type="checkbox"/> Well
<b>Sewer:</b>	<input type="checkbox"/> Public <input type="checkbox"/> Septic
<b>Property is Served By:</b>	<input type="checkbox"/> Electric Only <input type="checkbox"/> Electric and Gas
<b>PROPERTY OWNER / BUILDING OWNER</b>	
Owner Name:	Phone:
Owner Address:	City/State/Zip:
Owner Email:	
<b>CONTRACTOR INFORMATION</b>	
Company Name:	
Contact Name:	Phone:
Contractor Email:	
Contractor Address:	City/State/Zip:
Contractor State License #:	Expiration Date:
<b>ARCHITECT INFORMATION</b>	
Company Name:	
Contact Name:	Phone:
Architect Email:	
Architect Address:	City/State/Zip:
<b>ENGINEER INFORMATION</b>	
Company Name:	
Contact Name:	Phone:
Engineer Email:	
Engineer Address:	City/State/Zip:

ELECTRICAL CONTRACTOR (if applicable)		
Company Name:	Lic#:	Exp:
Contact Name:	Phone:	
Email:		
Address:	City/State/Zip:	
MECHANICAL CONTRACTOR (if applicable)		
Company Name:	Lic#:	Exp:
Contact Name:	Phone:	
Email:		
Address:	City/State/Zip:	
PLUMBING CONTRACTOR (if applicable)		
Company Name:	Lic#:	Exp:
Contact Name:	Phone:	
Email:		
Address:	City/State/Zip:	

### BUILDING PERMIT ISSUANCE

Building permits **WILL NOT BE ISSUED** until confirmation is received the sewer, water, and ACHD fees have been paid.

### BUILDING PERMIT VALIDITY

The issuance or granting of a permit shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of the codes or any other ordinance of the City of Eagle. Permits presuming to give authority to violate or cancel the provisions of the code or other ordinances shall not be valid. The issuance of a permit based on construction documents and other data shall not prevent the Building Official from requiring the correction of errors in the construction documents and other data. The Building Official is authorized to prevent occupancy or use of a structure where in violation of the adopted codes or of any other ordinances of the City of Eagle.

All permits expire **180 days** from the date of issuance or **180 days** from the date of the last inspection. Expired permits will require reactivation at such time that the responsible party decides to complete the project. Reactivation fees may be required. Please contact the Building Official with any requests for reactivation or extensions.

### INSPECTIONS

ALL inspection requests must be called in or submitted on-line by **4:00pm** to receive an inspection the next business day. Inspection requests called in or submitted on-line after 4:00pm will not be scheduled the following business day.

Inspection Requests called in or submitted on-line after **4:00pm on a Friday** will be scheduled for the following Tuesday. If a Holiday lands on a Monday, then all Inspections received after 4:00pm on a Friday will be scheduled for the following Wednesday.

ALL INSPECTION REQUESTS RECEIVED ON A WEEKEND WILL BE SCHEDULED FOR THE FOLLOWING TUESDAY. ALL On-Line permit applications or Walk-In applications received after 4:00pm will not receive a next day inspection if requested.

**CERTIFICATE OF OCCUPANCY**

No Certificate of Occupancy will be issued by the Building Official until the building permit applicant has obtained ALL agency signatures on the City of Eagle Occupancy Request form (issued with the Building Permit). Temporary Certificate of Occupancy's are valid for three (3) months for a fee of \$50.00.

**Note:** Planning and Zoning requires a minimum of two (2) days' notice for all inspections plus an inspection fee. Please call (208) 939-0227.

**APPLICANT SIGNATURE AND DECLARATION**

**By signing below:**

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.  
The undersigned hereby understands that all work performed under this permit must comply with locally adopted codes and ordinances, and state and federal laws.
3. THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT FOR THE WORK HEREIN INDICATED OR AS SHOWN AND APPROVED IN THE ACCOMPANYING PLANS AND SPECIFICATIONS:

Applicant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Staff Comments: \_\_\_\_\_

Signature of receipt by City Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

**PLANNING AND ZONING**

NOTES:

Zone:

Flood Zone:

**BUILDING DEPARTMENT**

NOTES:

Valuation Verified:  Yes  No

Construction Type:

Occ. Group:

**FEES**

Building Application		Deposit Rec'd:	Deposit Date:
Deposit:	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bldg. Permit Fee	\$		
Bldg. Plan Review Fee	\$		
IECC Fee	\$		
Mech Review Fee	\$		
P & Z Review Fee	\$		
Dev. Impact Fee	\$		
ACHD Impact Fee	\$		
Police Impact Fee	\$		
Fire Impact Fee	\$		
<b>BUILDING PERMIT TOTAL DUE:</b>	\$		
Minus Deposit	\$		
City of Eagle Water	\$		
<b>TOTAL DUE W/WATER</b>	\$		