



CITY OF EAGLE  
 COMMERCIAL CERTIFICATE  
 OF OCCUPANCY ONLY  
 PERMIT APPLICATION

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

**STAFF ONLY**

BUILDING PERMIT NO: \_\_\_\_\_

ZONING CERTIFICATE:  Yes  No

FEE PAID:  Yes  No

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. This application is specifically for a commercial business moving into an existing building with the same occupancy classification and NO improvements being made to the existing space. 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.

**NOTE: The following are required prior to application submission:**

- Planning Zoning approval and issuance of a Zoning Certificate
- Fire Department inspection and approval
- Central District Health approval (if applicable)

**NOTE: A Certificate of Occupancy is required prior to occupying any tenant space or building.**

PROJECT SITE		
New Business Name:		
Project Address:		City/State/Zip:
Assessor Verified Address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel #:
Subdivision:	Lot:	Block:
Major Cross Streets:		Lot Size:
<b>Is this a NEW or RELOCATED business to Eagle?</b>		<input type="checkbox"/> New <input type="checkbox"/> Existing Business Relocating

PROPERTY OWNER / BUILDING OWNER	
Owner Name:	Phone:
Owner Address:	City/State/Zip:
Owner Email:	

<b>PRIOR NAME</b> of business within tenant space or building:	
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PRIOR USE OR ACTIVITY FOR THIS PERMIT (Chapter 3 IBC)		
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<input type="checkbox"/> Assembly/Church <input type="checkbox"/> Bar / Brewery / Tavern <input type="checkbox"/> Beauty/Barber Shop <input type="checkbox"/> Educational / Daycare <input type="checkbox"/> Fence / Wall / Retaining Wall <input type="checkbox"/> Hospital / Institutional	<input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Industrial / Manufacturing <input type="checkbox"/> Mercantile / Retail <input type="checkbox"/> Office / Professional <input type="checkbox"/> Parking Facility <input type="checkbox"/> Pool (Commercial)	<input type="checkbox"/> Restaurant <input type="checkbox"/> Sign(s) <input type="checkbox"/> Storage / Warehouse <input type="checkbox"/> Winery / Tasting Room <input type="checkbox"/> Other:
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PROPOSED USE OR ACTIVITY FOR THIS PERMIT (Chapter 3 IBC)		
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<input type="checkbox"/> Assembly/Church <input type="checkbox"/> Bar / Brewery / Tavern <input type="checkbox"/> Beauty/Barber Shop <input type="checkbox"/> Educational / Daycare <input type="checkbox"/> Fence / Wall / Retaining Wall <input type="checkbox"/> Hospital / Institutional	<input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Industrial / Manufacturing <input type="checkbox"/> Mercantile / Retail <input type="checkbox"/> Office / Professional <input type="checkbox"/> Parking Facility <input type="checkbox"/> Pool (Commercial)	<input type="checkbox"/> Restaurant <input type="checkbox"/> Sign(s) <input type="checkbox"/> Storage / Warehouse <input type="checkbox"/> Winery / Tasting Room <input type="checkbox"/> Other:
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<b>ARE YOU REMODELING?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Note: Only minor/cosmetic work is allowed on this permit

If yes, please describe your scope of work:

BUILDING DATA (Chapter 5 IBC)	
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<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

UTILITIES	
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<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		

**GENERAL SUBMITTAL DOCUMENTS:**

**The following checklist needs to be completed and all items shown must accompany the completed application.**

Applicant Use      STAFF Use

- Zoning Certificate from Planning and Zoning**
- Verification of Fire Department approval at the time of submittal**
- Verification of Central District of Health approval at the time of submittal (if applicable)**
- Provide one (1) 8.5"x11" of the floorplans for the building (including tenant space).**

**CERTIFICATE OF OCCUPANCY**

No Certificate of Occupancy will be issued by the Building Official until the building permit applicant has obtained ALL agency approvals and all inspections completed.

**Note:** Building inspection requests called in prior to 4:00 pm will be scheduled for the next day. Please call (208) 939-4462.

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