

Commercial Change of Occupancy
 JEROME COUNTY BUILDING DEPARTMENT
 300 North Lincoln, Jerome, ID 83338 RM 208
 Office Number: (208) 324-9262

Permit # Staff Initials:

* ALL ITEMS WITH AN ASTERIC ARE REQUIRED, ALL OTHER ITEMS ARE SPECIFIC TO THE PROJECT.
 PLEASE CHECK WITH STAFF TO DETERMINE ALL OTHER NECESSARY REQUIREMENTS

NAME: _____

PARCEL # and ADDRESS: _____

<u>REQUIRED PAPERWORK:</u>	<u>AGENCY LETTERS:</u>
* _____ Change of Occupancy Application	* _____ Health Department or City _____ Permit # or Letter
* _____ Summary Sheet (Assessor's Office)	IF REQUESTED BY STAFF:
* _____ Floor Plan(s): (3 Sets)	_____ Fire Department
* _____ Property Deed _____ Subdivision Plat	_____ Highway Department
	_____ Canal Company
	_____ Other _____

- ___ ***Site Plan (3 Sets)**
- ___ Scale
 - ___ North Arrow
 - ___ Property Lines w/dimensions
 - ___ Proposed & Existing Structures
 - ___ Square Footage of Proposed Structure
 - ___ Distances Between Structures
 - ___ Setbacks of Buildings to Property Lines
 - ___ Location of Well, Septic, Drain Field
 - ___ Location of Existing/Proposed Access
 - ___ Road Name at Point of Access
 - ___ Location of Easements (i.e. power, water, road, access)
 - ___ Parking & Lighting
 - ___ Canals Ditches, Irrigation

- ___ ***Floor Plan (3 Sets)**
- ___ Scaled floor plan showing use of each room
 - ___ Sq. Feet

Address #'s Posted: Yes _____ No _____
 (site only not for bldg)

ZONING REVIEW _____	DIVISIONS OF PROPERTY ___/___/___	TO INSPECTOR ___/___/___
FEES PAID:		
INSPECTION FEE	___/___/___ \$ _____	\$ _____ Rcpt.# _____
REINSPECTION FEE	___/___/___ \$ _____	\$ _____ Rcpt.# _____
ADDRESS Numbers (site only not for bldg)	___/___/___ \$ _____	\$ _____ Rcpt.# _____
Total \$ _____		Rcpt.# _____



Jerome County Building Department

300 North Lincoln, Room 307 Jerome, ID 83338
Phone: 208-324-9262 Fax: 208-324-9263
Application for Change of Occupancy

Commercial
Permit # _____
Staff: _____
Date: _____

Address of Building _____ Parcel#: _____
Owner Name _____ Address _____ Phone# _____
Email Address _____
Occupant Name (if Different) _____ Address _____ Phone# _____
Contact Name _____ Phone# _____ Email _____
Prior Use _____ Proposed Use _____

Please provide proposed floor plan including exits and a site plan with parking and lighting.

of Occupants/ Employees Proposed _____ # of parking places provided _____ Gross Square Footage of Building _____

Change of Occupancy Inspection requirements: 4" Address number on front of building, Lever style openable in one motion lockset- **No Dead Bolts**. Exit signs at all exits. Current 10 Lbs. ABC fire extinguisher at exit of doors.

Interior/ Exterior construction changes proposed *Yes No Change in signage proposed *Yes No

***Additional reviews and permits may be required for interior/exterior changes to the building. Architectural, engineering, and proposed sign plans will be required prior to issuance of permits for any interior and/ or**

- A. It shall be the duty of the permit holder or their agent to notify the building official that such work is ready for inspection and to comply with the current building codes.
 - B. No building of structure shall be occupied until the building official has issued a certificate of occupancy.
 - C. Every permit shall become invalid if the work authorized by such permit is suspended or abandoned for a period of 180 days.
- THIS PERMIT IS ISSUED SUBJECT TO THE REGULATIONS CONTAINED IN THE BUILDING CODE AND IT IS HEREBY AGREED THAT THE WORK TO BE DONE AS SHOWN IN THE PLANS AND SPECIFICATIONS WILL BE APPLICABLE THERETO. THE BUILDING OFFICIAL RESERVES THE RIGHT TO REVOKE ANY BUILDING PERMIT THAT IS ISSUED IN ERROR OR ON THE BASIS OF INCORRECT INFORMATION.
 - EXPIRATION AS PER THE 2015 IBC R105.5 WORK MUST BE COMMENCE WITHIN 180 DAYS AND MAY NOT BE SUSPENDED OR ABANDONED FOR MORE THAN 180 DAYS WITHOUT WRITTEN REQUEST OF APPLICANT AND WRITTEN APPROVAL OF THE BUILDING OFFICIAL.
 - IN MAKING THIS APPLICATION, THE APPLICANT REPRESENTS THAT ALL STATEMENTS ARE A TRUE DESCRIPTION OF THE PROPOSED USE AND / OR BUILDINGS AND THAT ALL PROVISIONS OF THE LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

SIGNATURE

PLEASE PRINT YOUR NAME
 OWNER CONTRACTOR/AGENT

24 HOUR NOTICE REQUIRED FOR INSPECTIONS (208)324-9115

DEPARTMENT USE ONLY

ZONING AT SITE: _____ COMPLIANCE: _____ ADDRESS #'S POSTED AT ENTRANCE YES NO
OTHER PERMITS REQUIRED: _____ P&Z HEARING: _____
DATE: _____ BY: _____ APPROVAL _____ DENIAL _____

CURRENT OCCUPANCY _____ PROPOSED OCCUPANCY _____ TOTAL SQUARE FEET _____

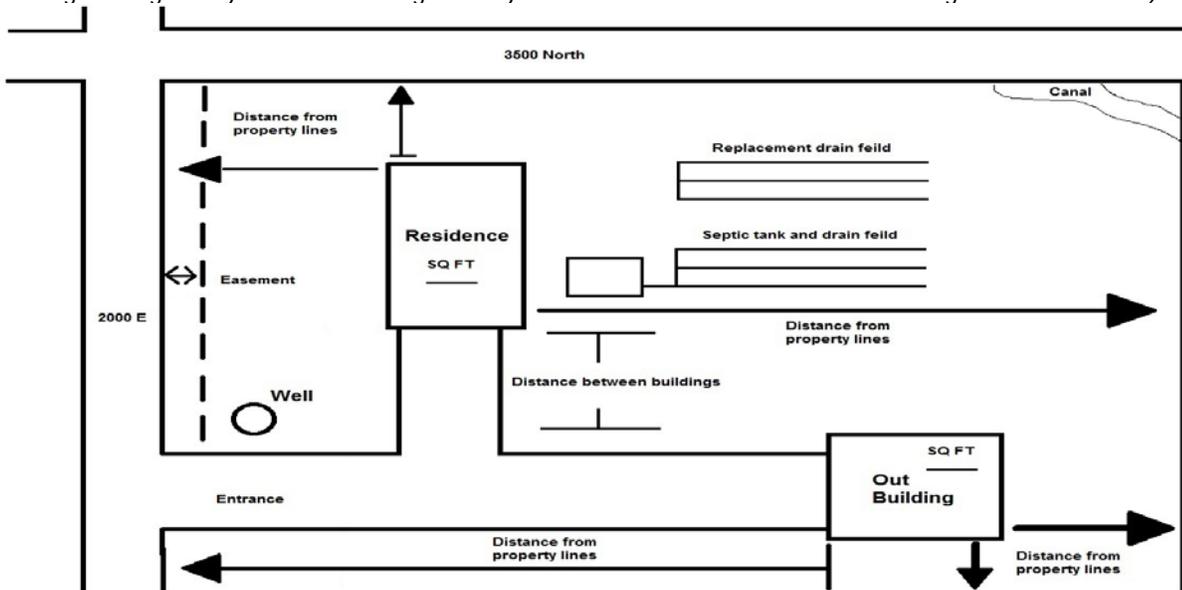
BUILDING DEPARTMENT APPROVAL
THIS BUILDING PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL AND FEES ARE PAID



SITE PLAN

The site plan should be drawn to an acceptable scale, showing the exact dimensions and the shape of the lot to be built upon and must include:

- ___ Scale
- ___ North Arrow
- ___ Property Lines w/dimensions
- ___ Proposed & Existing Structures
- ___ Square Footage of Proposed Structure
- ___ Distances Between Structures
- ___ Setbacks of Buildings to Property Lines
- ___ Location of Well, Septic, Drain Field
- ___ Location of Existing/Proposed Access
- ___ Road Name at Point of Access
- ___ Location of Easements (i.e. power, water, road, access)
- ___ Canals Ditches, Irrigation
- ___ Parking
- ___ Site Drainage System
 (Including drainage away from the building and any swale or retention area for on-site storage of surface water)



INSPECTION CRITERIA

1. 4" ADDRESS NUMBERS POSTED ON FRONT OF BUILDING.
2. LEVER STYLE OPENABLE IN ONE MOTION LOCKSET – **NO DEAD BOLTS**
3. EXIT SIGNS AT ALL EXITS
4. CURRENT 10 LBS. ABC FIRE EXTINGUISHER AT ALL EXIT OF DOORS

Agency Numbers

COMPANY	NAME	PHONE NUMBER	ADDRESS	CITY
A&B CANAL	DON TEMPLE	(208) 436-3152	P.O. BOX 675	RUPERT
AMERICAN FALLS #2 RESERVOIR	LYNN HARMON	(208) 886-2331	409 N APPLE ST	SHOSHONE
BIGWOOD CANAL CO.		(208) 886-2331	409 N APPLE ST	SHOSHONE
BLM		(208) 732-7200	400 W F	SHOSHONE
DIGLINE		(800) 342-1585	50 S COLE RD.	BOISE
EDEN, CITY		(208) 731-0329	P.O. BOX 376	EDEN
FIRST SEGREGATION/EDEN FIRE DEPT.	DONALD UTT	(208) 825-5776	235 E WILSON AVE	EDEN
FIRST SEGREGATION CITY FIRE	DONALD UTT	(208) 825-5725	235 E WILSON AVE	EDEN
HAZELTON CITY HALL		(208) 829-5415	P.O BOX 145	HAZELTON
IDAHO DEPT OF WATER RESOURCES		(208) 736-3033	650 ADDISON AVE W STE 500	TWIN FALLS
IDAHO POWER		(208) 736-3236	133 FAIRFIELD ST N	TWIN FALLS
ITD DIV OF HIGHWAYS		(208) 886-7800	216 SOUTH DATE	SHOSHONE
INTERMOUNTAIN GAS		(208) 737-6300	451 ALAN DR.	JEROME
JEROME, CITY		(208) 324-8189	152 EAST AVE A	JEROME
JEROME COUNTY AIRPORT		(208) 324-9980	472 HIGHWAY 25	JEROME
JEROME COUNTY BUILDING DEPT		(208) 324-9262	300 N LINCOLN RM 208	JEROME
JEROME COUNTY P&Z/ CODE ENFORCMENT		(208) 324-9116	300 N LINCOLN RM 208	JEROME
JEROME HIGHWAY DISTRICT	BUD RASMUSSAN	(208) 324-4601	30 N 100 W	JEROME
JEROME RURAL FIRE DEPT	JOE ROBINETTE	(208) 420-8382	143 EAST AVE A	JEROME
	LARRY ROBBINS	(208) 539-3078	143 EAST AVE A	JEROME
JEROME SEWER & WATER	ROY PRESCOTT	(208) 280-2163	110 N 800 E	JEROME
MILNER IRRIGATION		(208) 432-5560	5294 E 3610 N	MURTAUGH
NORTH SIDE CANAL CO.	ALAN HANSTEN	(208) 324-2319	921 N LINCOLN	JEROME
SIRCOMM	HOPE	(208) 324-1911	911 EAST AVE H	JEROME
SOUTH CENTRAL PUBLIC HEALTH		(208) 324-8838	951 EAST AVE H	JEROME
		Public Records Email	phd5.idaho.gov	
	TWIN FALLS OFFICE	(208) 737-5900	1020 WASHINGTON ST N	TWIN FALLS
WEST END FIRE DEPARTMENT	RANDY SUTTON	(208) 438-4511	P.O BOX 94	PAUL