

RESIDENTIAL 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/or ADDRESS: _____

REQUIRED PAPERWORK:

* _____ Building and Zoning Permit Application

* _____ Summary Sheet (Assessor's Office)

* _____ Floor plans: (2 Sets)

* _____ Property Deed _____ Subdivision Plat

AGENCY LETTERS:

* _____ Health Department or City Letter Permit# _____

IF REQUESTED BY STAFF:

_____ Fire Department

_____ Highway Department

_____ Canal Company

_____ Other _____

_____ *Site Plan (2 Sets)

_____ Scale

_____ North Arrow

_____ Property Lines w/dimensions

_____ Existing Structures

_____ Square Footage of Proposed Floor Plan

_____ Distances Between Structures

_____ Setbacks of Buildings to Property Lines

_____ Well, Septic, Drain field

_____ Location of Existing Access

_____ Road Name at Point of Access

_____ Location of Easements (i.e. power, water, road, access)

_____ Parking

_____ *Floor Plan (3 Sets)

_____ Scaled floor plan showing use of each room

_____ Sq. Feet

ZONING REVIEW _____ DIVISIONS OF PROPERTY ___/___/___ TO INSPECTOR ___/___/___

FEES PAID:

INSPECTION FEE ___/___/___ \$ _____ \$ _____ Rcpt.# _____

ADDRESS Numbers ___/___/___ \$ _____ \$ _____ Rcpt.# _____
(site only not for bldg)

REINSPECTION FEE ___/___/___ \$ _____ \$ _____ Rcpt.# _____

Total \$ _____ Rcpt.# _____



Jerome County Building Department

300 North Lincoln, Room 208 Jerome, ID 83338
Phone: 208-324-9262 Fax: 208-324-9263

Application for Change of Occupancy

Residential
Permit # _____
Staff: _____
Date: _____

Address of Building _____ Parcel#: _____
 Owner Name _____ Address _____
 Email _____ Phone# _____
 Occupant name (If different) _____ Address _____ Phone# _____
 Contact Name _____ Telephone () _____ Email _____
 Prior Use _____ Proposed Use _____

Please provide proposed floor plan.

Number of off street parking places provided _____

Change of Occupancy Inspection requirements: 4" Address number on front of building. Egress windows in all bedrooms. Smoke detectors in all bedrooms and hallways outside of bedrooms. Carbon monoxide alarms in hallways outside of bedrooms. Compliant handrails on all stairwells.

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

Interior/ Exterior construction changes proposed *Yes No

- 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 2012 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

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

PLEASE PRINT YOUR NAME
 OWNER CONTRACTOR/AGENT

DEPARTMENT USE ONLY

ZONING AT SITE: _____ COMPLIANCE: _____ ADDRESS #'S POSTED AT ENTRANCE YES NO

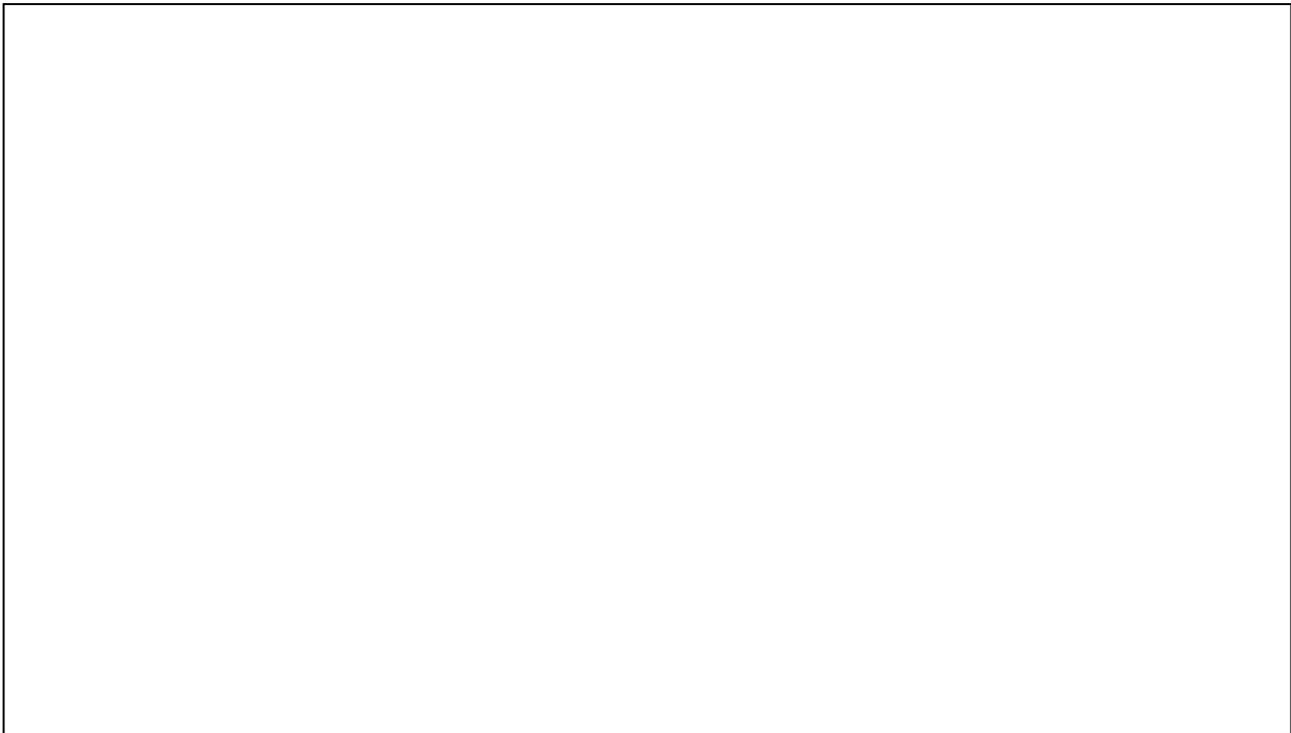
OTHER PERMITS REQUIRED: _____ DATE: _____ BY: _____

APPROVAL _____ DENIAL _____

Current Occupancy _____ Proposed Use _____ # of D.U. _____

BUILDING DEPARTMENT APPROVAL

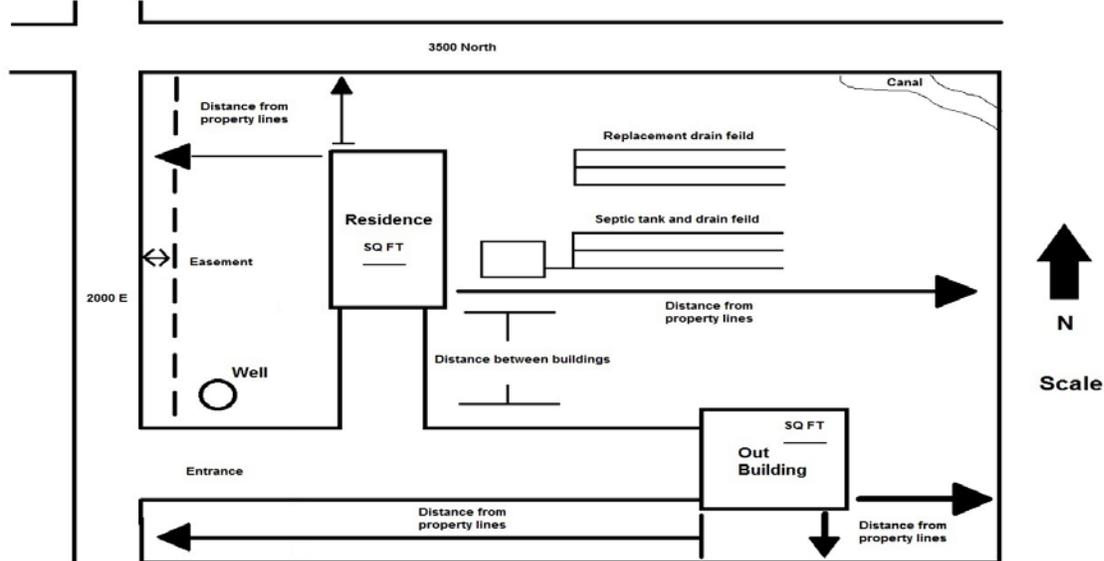
THIS BUILDING PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL AND FEES ARE PAID



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. ELECTRICAL, PLUMBING, MECHANICAL IF APPLICABLE.
3. ALL LIFE SAFETY SMOKE DETECTORS
4. EGRESS WINDOWS
5. PROPERTY EGRESS
6. SLEEPING AREA EGRESS
7. GARAGE HOME FIRE SEPARATION

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