



CITY OF MIDDLETON

P O Box 487., MIDDLETON, ID 83644
208-585-3133, 208-585-9601 FAX
WWW.MIDDLETONI.ID.GOV

BUILDING DEPARTMENT

COMMERCIAL BUILDING PERMIT APPLICATION

REVISED 8/2017



APPLICANT INFORMATION: Date Submitted: _____

STRUCTURE: New Commercial Addition
 Tenant Improvement
 Sign Demolition Other _____

COMMENTS/INSTRUCTIONS:

CITY BUILDING AND ZONING OFFICIALS:

ZONE: _____ IN FLOODPLAIN? Yes No

Zoning Approved Date: _____ By: _____

Property/Permit Address: _____

Applicant: _____ Phone: _____

Contractor Company Name: _____

Contractor Address: _____

Contractor Phone: _____ License: _____

Contractor E-mail: _____

Sq. Ft. Area: _____ Occupancy: _____ Fire Sprinklers Yes No

Occupant Load: _____ Construction Type: _____

Lot _____ Block _____ Subdivision: _____

In Floodplain? Yes No

Construction Cost: \$ _____

Permit Fee: \$ _____

Plan Review Fee: \$ _____

Res/Comp/Manual J Fee: \$ _____

Public Works Inspection Fee: \$ _____

Water Connection Fee: \$ _____

Sewer Connection Fee: \$ _____

Transportation Impact Fee: \$ _____

Late Comers Fee: \$ _____

East Trunk line Fee: \$ _____

SUBTOTAL \$ _____

Deposit Credit: _____ \$ _____

Sewer Credit: _____ \$ _____

Late Comers Credit: _____ \$ _____

TOTAL: \$ _____

Commercial Required Document Check list:

- 2 Hard copy plans 1 Digital copy plans
- Com. Check Elev. Cert. (if in floodplain)

The undersigned hereby applies for a permit for the work herein indicated and shown and approved in the accompanying plans and specifications. Applicant is responsible for identifying all property lines and ensuring setbacks.

Applicant Signature _____

Building Official: _____ Date: _____

THIS PERMIT is issued subject to the regulations contained in the Building Code and City Regulations of Middleton, Idaho, and it is hereby agreed that the work to be done as shown in the plans and specifications will be completed according to City regulations.

Permit # _____

Date issued: _____
By: _____

Permit Deposit \$250.00 Check #: _____ By: _____