

Mobile Home Installation Permit Application



60 S Main St | PO Box 48 - Driggs, ID 83422 | Ph: 208-354-2362 | Fax: 208-354-8522 | www.driggs.govoffice.com

OWNER: _____ PHONE: _____

*APPLICANT: _____ PHONE: _____

**A statement authorizing a representative to apply on behalf of the owner must accompany this form if applicable.*

MAILING ADDRESS: _____

INSTALLER: _____ PHONE: _____

MAILING ADDRESS: _____

GENERAL CONTRACTOR: _____

*STATE OF IDAHO CONTRACTOR ID#: _____ PHONE: _____

**Must provide unless exempt per Idaho Code Title 54-5205*

STRUCTURE ADDRESS (city to assign for new installations): _____

MOBILE HOME PARK: _____

Mobile Home Information- Only respond to the sections applicable to the permit

Residence Commercial Civic Other _____

Standard Mobile Home

Exterior Walls

- Wood
- Concrete
- Masonry
- Veneer
- Metal
- Stucco

Roof

- Build Up
- Wood Shingles
- Comp Shingles
- Tile
- Roll Roof
- Non-Reflective Metal

Number of Fixtures:

- | | |
|------------------------------|--------------------|
| _____ Bar Sink | _____ Kitchen Sink |
| _____ Toilet | _____ Dishwasher |
| _____ Bathroom Sink | _____ Shower |
| _____ Laundry Sink | |
| _____ Clothes Washer | |
| _____ Bathtub or Bath/Shower | |

Year Built: _____

(Copy of title required to be submitted)

Total Square Feet: **Commercial:** _____ **Living Area:** _____

INSTALLATION PERMITS ARE ISSUED SUBJECT TO THE REGULATIONS CONTAINED IN THE BUILDING CODE AND ZONING REGULATIONS OF THE CITY OF DRIGGS, AND IT IS HEREBY AGREED THAT THE WORK TO BE DONE AS SHOWN IN THE PLANS AND SPECIFICATIONS WILL BE COMPLETED IN ACCORDANCE WITH THE REGULATIONS PERTAINING AND APPLICABLE THERETO. THE ISSUANCE OF THE PERMIT DOES NOT WAIVE RESTRICTIVE COVENANTS.

- Installation Permits will not be issued without approval from the Public Works Director.
- Plans not picked up within six months after approval of the project may be discarded.
- In accordance with Section 105.5 of the 2012 International Building Code, any permit issued shall become invalid if work does not commence within 180 days of issuance or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after work has begun.
- The building official is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. **The extension shall be requested in writing and justifiable cause demonstrated.**

The undersigned hereby applies for a permit for the work herein indicated or as shown and approved in the accompanying plans and specifications.

Applicant Signature: _____ **Date:** _____

Any damage to curbs, sidewalks, meter boxes, meter and sewer markers, bike trails and other common areas will be the responsibility of the applicant. The undersigned hereby accepts all responsibility for the above mentioned items and will replace or fix the damaged areas to the City Standards if needed.

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

PERMIT NUMBER: _____ DATE: _____

FEE DUE: _____

RECEIPT #: _____ DATE PAID: ___/___/___

OFFICE USE ONLY

Approvals

PLANNING & ZONING

Zone: _____ Design Overlay CBD Parking Overlay Airport Overlay

Setbacks met? _____ Front: _____ Side: _____ Rear: _____

Height: _____ Area Coverage: _____

Access requirements met? _____

Airport Layout Plan/Master Plan conformance? _____

Airport Hanger-FAA 7460-1? _____

Distance from runway: _____ Max elevation/height permitted: _____

Building elevation/height: _____

Design Review? _____ Approval Date: ___/___/___ Bond Received? _____

Parking plan required? _____ Approval Date: ___/___/___ Bond Received? _____

Use Category: _____ Min/Max spaces required: _____

Off-Street Spaces provided: _____ On-Street Spaces provided: _____

Landscaping plan required? _____ Approval Date: ___/___/___ Bond Received? _____

Outdoor Lighting conforms? _____

Floodplain? Yes No

PUBLIC WORKS:

water line _____ Date: ___/___/___

sewer line _____ Date: ___/___/___

CITY ENGINEER: _____ Date: ___/___/___

FIRE MARSHAL: _____ Date: ___/___/___

BUILDING INSPECTOR: _____ Date: ___/___/___

MECHANICAL INSPECTOR: _____ Date: ___/___/___

PERMIT EFFECTIVE DATE: ___/___/___

PERMIT EXPIRATION DATE: ___/___/___