



CITY OF COEUR D'ALENE Site Development Permit Application

Site Address: _____ Valuation: _____

Legal Description: Lot ____ Block ____ Subdivision _____ OR Serial Number _____

Owner: _____ Contact Person: _____ Phone: _____

Address: _____ Email: _____
City State Zip

Architect: _____ Contact Person: _____ Phone: _____

Address: _____ Email: _____
City State Zip

Contractor: _____ Contact Person: _____ Phone: _____

Address: _____ Email: _____
City State Zip

Idaho State Contractor Registration No.: _____ Expiration Date: _____

Engineer: _____ Contact Person: _____ Phone: _____

Address: _____ Email: _____
City State Zip

Description of Work:

Provide one (1) paper copy and one (1) CD of the site plan, storm water, grading, parking/paving, setbacks, footprint of the building and interior floor plan. All sheets to be stamped and dated by the appropriate design professional.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction of work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Owner/Authorized Agent _____ Date: _____

STAFF TO COMPLETE: Submittal Date: _____ Time: _____ Receipt Number: _____ Fee Amount: _____ Accepted By: _____