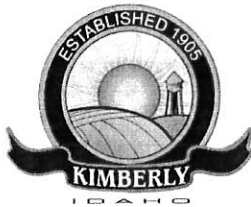


City of Kimberly
P.O. Box Z
Kimberly, Idaho 83341



Building Permit No. _____
Date Received _____ By _____

Phone: (208) 423-4151
Fax: (208) 423-4297
www.cityofkimberly.org

MANUFACTURED HOME BUILDING PERMIT APPLICATION

Project Address: _____

Previous Address: _____

Parcel No: _____ **Subdivision:** _____ **Lot:** _____ **Block:** _____

Zoning District: _____ **Proposed Use:** _____ **Change of Use:** _____

Description of Work: _____
(i.e.: permanent or temporary foundation, attached garage, attached carport)

Length: _____ **Width:** _____ **Total Sq Ft of Home:** _____ **Year:** _____

Prior to June 15, 1976 must meet State Rehabilitation Standards (submit State Certificate)

Make: _____ **Model:** _____ **VIN:** _____

Type of Tie-Downs/Anchors: _____ **Type of Skirting:** _____

Other Proposed Structures SQFT:

Attached Garage: _____ **Attached Carport:** _____ **Covered Patio/Porch/Deck:** _____

Other (detailed description): _____

*****ESTIMATED VALUE \$** _____ *****TOTAL SQ FT** _____

Property Owner: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ **Cell Phone:** _____

Manufactured Home Owner: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____ **Cell Phone:** _____

Installer/Contractor: _____

Address: _____

Work Phone: _____ **Cell Phone:** _____

Registration No: _____ **Exp:** _____ **Idaho Registration Exempt: Yes** _____ **No** _____

Person to notify regarding permit: _____ **Contact #:** _____

APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING

- ✓ **Completed Application**
 - All relevant fields completed and application signed
 - Construction Water Deposit Form (new development only)

- ✓ **Copy of Deed and/or Title with legal description** (deed not required if in mobile home park)
 - Twin Falls County Clerk 630 Addison Ave W, 2nd floor 208-736-4004

- ✓ **2 Sets of Plans** to scale (not required for a temporary set foundation with no attached structures)
 - Site Plan (not required for temporary set foundation in mobile home park)
 - Showing all buildings, property boundaries, and easements
 - Stamped by South Central Health District if located in the impact area
 - Floor plans with dimensions
 - Completed RES check OR meet prescriptive energy requirements
 - Elevations
 - Footings and Foundation
 - Typical construction details, including cross-section, stair detail, etc
 - Truss and Floor Joist details (For additions to manufactured homes only)

- ✓ **Non Refundable Permit Deposit** – applied to balance of permit fee
 - Manufactured Home (**permanent foundation only**) \$150.00
 - Additions..... \$50.00

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY,

I declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable ordinances. I further certify that all easements, deed restrictions, or other encumbrances restricting the use of the property are shown on the site plans submitted with this application. I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied for and approval of plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any applicable ordinance or to excuse the owner or his or her successors in title from complying therewith.

I understand that by applying for this permit, I am consenting to the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections for the duration of the permit.

Signature and Title

Date

**Please note that certain subdivisions require compliance with CC&R's and architectural specifications governed by the Homeowners' Association of the area, please contact your local representative to avoid potential construction delays due to noncompliance.*

All permits expire 180 days after issuance or last inspection

For office use only:

sf R-3 x \$45.75 psf		Valuation	
sf U-1 x \$36.00 psf			
sf Cov x \$31.00 psf			
Minimum Setbacks	Street:	Rear:	Side: Side:
Stated Setbacks	Street:	Rear:	Side: Side:
1. Non Refundable Deposit	\$150.00 or \$50.00	GL 01-322-300	Impact area
2. Permit Fee	3. Fee minus Line 1	\$	\$ GL 5-501/5-502 impact area
4. Refundable Permit Deposit	\$	GL 5-508	
5. Sewer Connection Fee	\$	GL 14-1403	
6. 3/4" H ₂ O Connection Fee	\$	GL 13-1304	
7. Construction Water Deposit	\$	GL 13-1311	
8. Sewer Capacity Charge	\$	GL 14-1406	
Total(Sum of lines 3,4,5,6,7,8)	\$	Applicant Pickup Initial/Date:	

Building Permit No: _____ Temp Set: _____ Date: _____
 Plans Approved by _____ Date _____ (permanent foundation only)
 Zoning Approved by _____ Date _____ (permanent foundation only)
 Notification for Pickup by _____ Date _____

Inspection	Date	By
Setback		
Footing <input type="checkbox"/> UFER		
Foundation		
Frame		
Insulation		
Drywall (shear/fire)		
Final		

Comments _____

All permits expire 180 days after issuance or last inspection

