

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:

AGENCY LETTERS:

* _____ Building and Zoning Permit Application

* _____ Health Department or City Letter Permit# _____

* _____ Summary Sheet (Assessor's Office)

IF REQUESTED BY STAFF:

* _____ Floor plans: (2 Sets)

_____ Fire Department

_____ Highway Department

* _____ Property Deed _____ Subdivision Plat

_____ Canal Company

_____ Other _____

_____ *Site Plan (2 Sets)

_____ *Floor Plan (3 Sets)

_____ Scale

_____ Scaled floor plan showing use of each room

_____ North Arrow

_____ Property Lines w/dimensions

_____ Sq. Feet

_____ 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

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

Jerome County requires a Building Permit before ANY construction can begin.

Double Fees may be levied whenever construction has begun prior to obtaining a building permit.

Prior to obtaining a building permit, you should determine whether your project meets appropriate zoning requirements and whether there are any floodplains or other engineering restrictions.

All Building Permits require a Zoning Permit (Application included) to be reviewed and approved by the Zoning Administrator. Zoning must be approved before your application will move to the Building Department for review.

Zoning Requirements:

1. Structures under 200 square feet may require a Zoning Permit, but not a Building Permit unless the structure is attached to an existing building, then a Building Permit will be required.
2. Structures over 200 square feet will require a Building Permit.
3. Agricultural buildings will require a Zoning Permit and an AG Siting Permit only.
4. Fire Department letter, if the project is over 150 feet from the main road. An access road to Jerome County Fire Department requirements shall be installed prior to construction.

Current Adopted Codes

- 2018 International Residential Code, (IRC) Parts I-VI and IX including appendices A & B with amendments.
- 2018 International Energy Conservation Code (IECC) With 2012 amendments
- 2019 Idaho Manufactured Home Installation Standard.
- One-story detached accessory structures, provided the floor area is no greater than 200 feet, are exempt from permit.

Design Criteria

Wind Speed:	115 MPH
Wind Exposure:	C
Ground Snow Load:	30 PSF

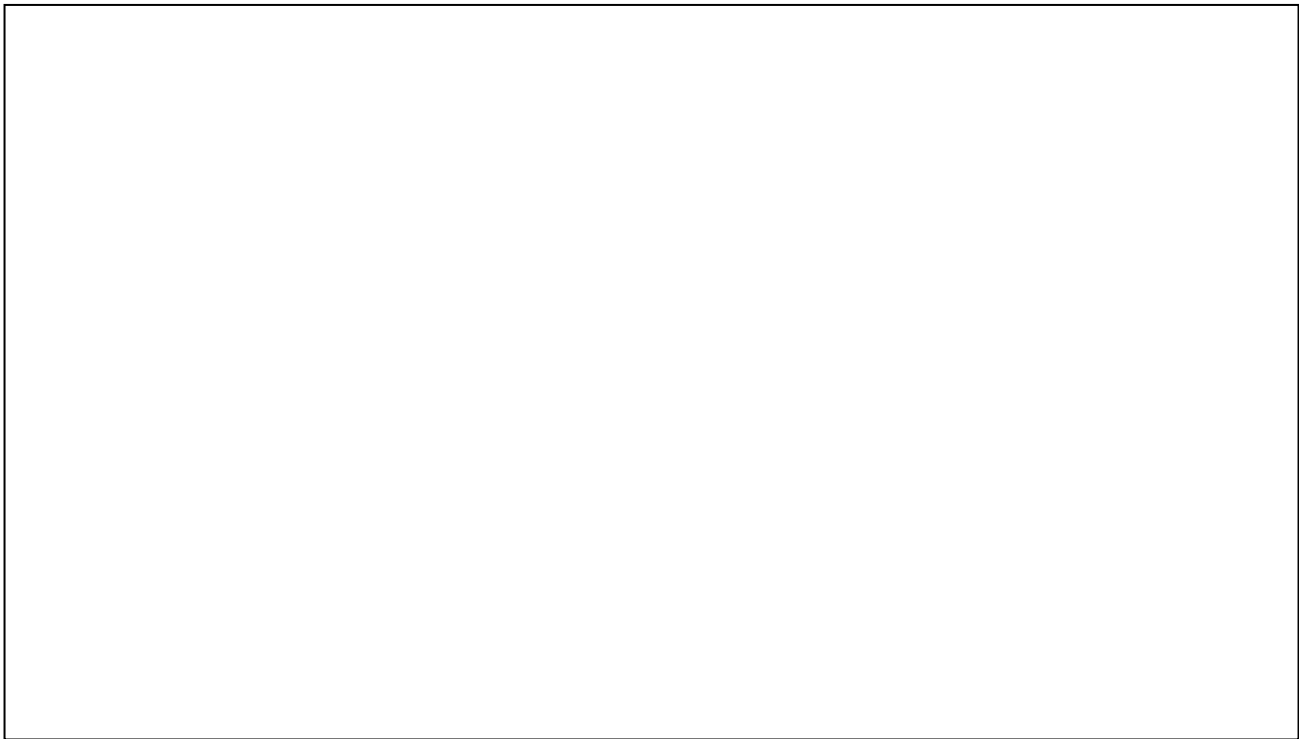
Table R301.5 is amended to require a minimum uniform live load of 40 PSF in habitable attics and sleeping rooms.

Seismic Design Category:	C
Presumed Soil Bearing Pressure:	1500 PSF without soils investigation
Frost Depth:	24 inches
Elevation:	4048 feet above sea level
Climate Zone:	5B

R105.5 **EXPIRATION:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within **180 days** after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of **180 days** after the time the work is commenced. 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.

For mechanical applications and all other information please go to our website

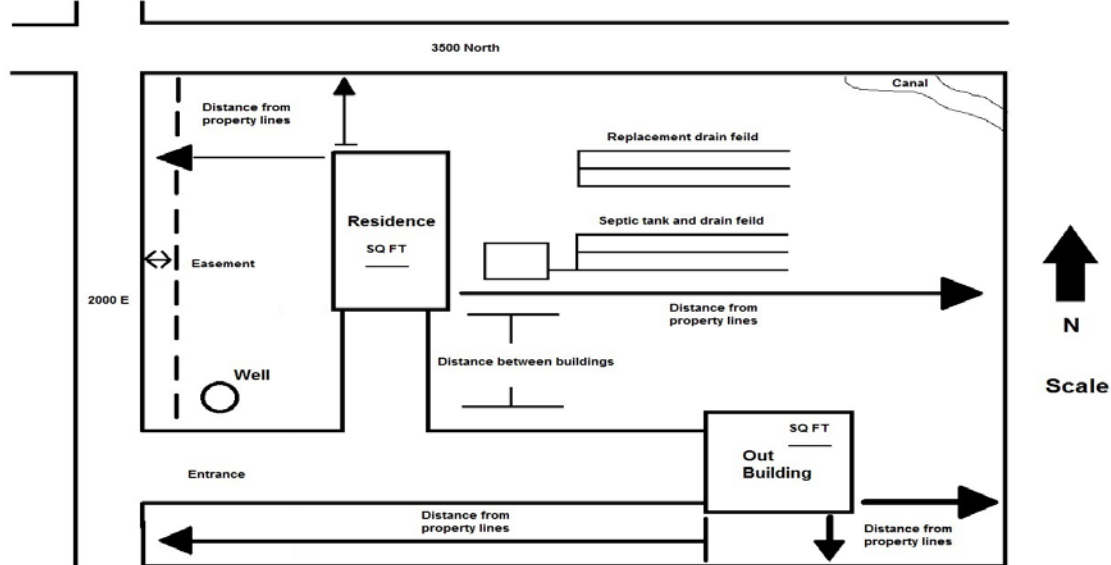
www.jeromecountyid.us/158/Building-Department



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