



# APPLICATION FOR BUILDING PERMIT EXTENSION

**BUILDING & SAFETY DEPARTMENT**  
115 So. Main Street  
Hailey, ID 83333  
(208) 788-9815  
Fax (208) 788-2924

CUSTOMER# \_\_\_\_\_

OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTRACTOR REGISTRATION NO.: \_\_\_\_\_ Mandatory

STREET ADDRESS OF WORK: \_\_\_\_\_

LEGAL DESCRIPTION OF LAND: LOT# \_\_\_\_\_ BLOCK # \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

ZONING DISTRICT:  A  B  GR  LR-1  LR-2  TN  LB  LI  TI  SCI-I  SCI-SO  RGB

BRIEFLY EXPLAIN REMAINING WORK TO BE DONE:

ESTIMATED TIME TO COMPLETION: \_\_\_\_\_

**The Completion of this Application Does Not Constitute a Building Permit**  
**NOTE: Extensions are only valid for 180 days from the date of expiration.**

I hereby acknowledge that I have filled in this application accurately to the best of my knowledge and that I agree to comply with all City ordinances and State laws regulating building construction to the City of Hailey, Idaho.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Contractor, Owner, or Authorized Agent

Approved  Denied \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Building Department Representative

New Permit No: _____
Date Filed: _____
<b>Extension Fee</b> <u>\$75.00</u>
EXTENSION OF _____ PREVIOUS PERMIT NO.
EXPIRATION DATE: _____
180 DAYS FROM EXPIRATION DATE: _____
<b>NEW EXPIRATION DATE FOR THIS EXTENSION.</b>