



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