



BLAINE COUNTY BUILDING SERVICES

BUILDING PERMIT APPLICATION

CALL BEFORE YOU DIG! 1-800-342-1585

Permit # _____

*****Please refer to the checklist that accompanies this application for further instructions.*****

Contact Person & Owner	Contact Person		Phone		Email	
	Property Owner Name & Phone		Mailing Address		Email	
Property Information	Job Site Address				Parcel #	
	Subdivision		Lot #		Block #	
Contractor	Name		Mailing Address		Phone	
	Company Name		Registration #		Email	
Architect	Name & Phone		Mailing Address		Email	
Engineer	Name & Phone		Mailing Address		Email	
Zoning	Have you had a zoning pre-review		Zoning District (if unknown office will fill in)		Floodplain	
	Yes (please include) No				Yes No	
BuildSmart & Energy Mitigation Program	Is this proposed structure within a platted Building Envelope?		Proposed set-backs from property		Building Height	
	Yes No		Front Side Rear		Outdoor lighting must comply with code §9-29A Outdoor Lighting.	
BuildSmart & Energy Mitigation Program	Have you had a BuildSmart pre-review? Yes No		Is a snowmelt system, heated pools >200 sq. ft. spas > sq. ft. proposed?		Is this project a Remodel?	
	Building Thermal Envelope Approach, Performance: HERS LEED NGBS (Please circle one and submit with documentation)		Yes (Please submit the EREMP calcs.) No		Yes (Please attach the required energy audit) No	
BuildSmart & Energy Mitigation Program	If condition space is 2500 sq. ft. or less, Prescriptive or Rescheck (please circle one and submit documentation)					

Building Information	<u>Check All That Apply & Enter Square Footage:</u>	Other Approvals	<ul style="list-style-type: none"> • State Road Access Permit # _____ • County Road Permit # _____ • Private Road _____ • Idaho Power _____ • DEQ _____ • IDWR _____ • South Central Public Health District Approval
	New Single Family Residence _____ ADU _____ Addition _____ Alteration _____ Garage _____ Solar _____ Deck _____ Move _____ Storage Building _____ Cell Tower _____ Demolition _____ Commercial _____ Other _____ New/Altered Sq. Ft. _____ Existing Sq. Ft _____ Total Sq. Ft. _____ Value of Project: \$ _____		Signature: _____ Permit # _____ Mound or Bond _____ Fire District Signature: _____ Requirements: _____

Proposed Heating System	Gas _____	Truss Manufacturer	Job Number	Snow Load
	Electric _____			
	Radiant _____			
	Solar _____			
	Other _____			

ACKNOWLEDGMENT: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED HAS NOT COMMENCED WITHIN 180 DAYS. EXTENSION OF THE BUILDING PERMIT MAY BE GRANTED PER BLAINE COUNTY CODE. FINAL INSPECTIONS ARE REQUIRED. CERTIFICATE OF OCCUPANCY IS REQUIRED PURSUANT TO BUILDING CODE. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND ALL ASSOCIATED PLANS AND INFORMATION, AND KNOW THE SAME TO BE TRUE, CORRECT AND COMPLETE REPRESENTATION OF THE PROPOSED PROJECT. I ALSO HEREBY AUTHORIZE BLAINE COUNTY LAND USE AND BUILDING SERVICES TO ENTER THIS PROPERTY FOR ALL RELEVANT INSPECTIONS ALLOWED PURSUANT TO THE BLAINE COUNTY BUILDING CODE, ALL APPLICABLE FEDERAL, STATE, AND LOCAL LAWS GOVERNING THIS PROJECT SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT; INCLUDING DUST CONTROL ON YOUR PROJECT. LIENS MAY BE UTILIZED FOR COMPLIANCE ISSUES RELATED TO BLAINE COUNTY CODE.

*****NOTE: THIS PROJECT MAY REQUIRE ADDITIONAL APPROVAL FROM THE SUBJECT PROPERTY'S HOMEOWNERS ASSOCIATION AND IS THE RESPONSIBILITY OF THE HOMEOWNER.**

Contractor/Authorized Agent x _____
 Signature _____ Print Name _____ Date _____

FOR OFFICE USE ONLY:

Fees:	Permit Fee:	\$ _____		
	Plan Check Fee:	\$ _____		
	Fire Dept. Plan check Fee:	\$ _____		
	Exterior Renewable Energy Mitigation	\$ _____		
	Special Assessment:	\$ _____		
	Septic System Bond (refundable)	\$ _____	Date of refund _____	County Warrant # _____
	Final Inspection Deposit (refundable):	\$ _____	Date of refund _____	County Warrant # _____
	Sub Total:	\$ _____		
	<i>Less partial permit fee payment (value > \$200K) :(non-refundable) \$-</i> _____			
	Total Due:	\$ _____	Amt. Paid: _____	Date Paid: _____ Receipt # _____
			Date Paid: _____	Rec. #: _____

OFFICE USE ONLY: CODE YEAR _____ IBC Classification: _____

Special Requirements of this Permit _____

Application Approval: Building Official/Inspector: _____ **Approval Date:** _____



Outdoor Lighting Compliance Checklist

Applications for building permit, conditional use permit, recreation development, plat amendment, subdivision, or special use permits shall include the following:

Submittal Requirements

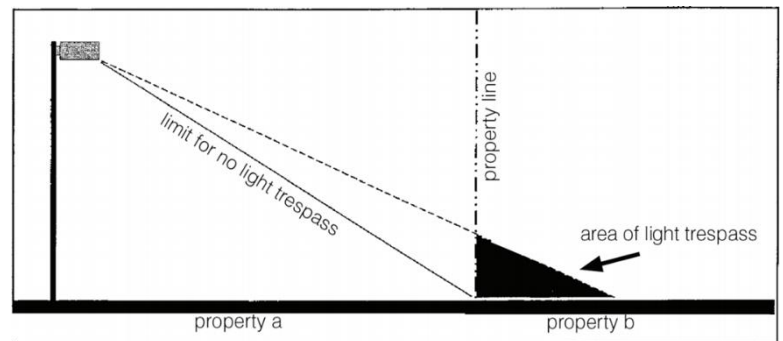
Please submit a lighting plan that includes the following:

- A site plan indicating the location of all outdoor light fixtures, both proposed and existing on the site.
- Information on each fixture, including the product name, quantity, proposed height, and kelvins (color of bulb/lamp.) Include as much information as possible.
- A photo of each existing fixture. A manufacturer's "cutsheet"/"spec sheet" is required for all new lighting.

Design Standards

Any outdoor lighting, existing or proposed, shall comply with the updated design standards, including, but not limited to: (Refer to [§9-29A-4](#) for all applicable standards)

- Any light source shall be downcast and fully shielded. Partially shielded (semi-opaque/frosted glass) fixtures are prohibited. Refer to page 2 of this document for examples.
- Fixtures shall be mounted so that no light is emitted above the horizontal plane of the fixture.
- Bulbs/Lamps shall not exceed 3,000 kelvin (color temperature.) Refer to bulb packaging.
- Except for down-lighting within soffits, freestanding residential light fixtures shall not exceed 12' in height.
- All light fixtures, including security lighting, shall be aimed and shielded so that the direct illumination shall be confined to the property boundaries of the source. See right diagram.
- All nonessential outdoor commercial, recreational, and residential lighting shall be turned off after business hours and/or when not in use. Sensor activated lights on a timer shall be used to replace existing lighting that is desired for security purposes.
- Any change to an approved lighting plan must obtain prior county approval.



X

Owner/Authorized Agent Signature

Date

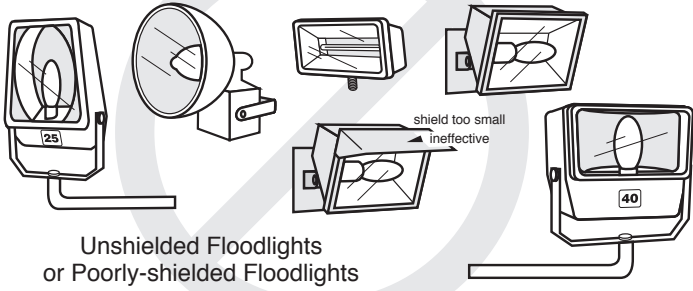
I hereby attest that all exterior lighting is included in the lighting plan.

Permit #: _____ Address: _____	Staff Notes:
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Examples of Acceptable & Unacceptable Lighting Fixtures

Unacceptable/Not Compliant

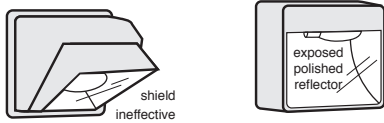
Fixtures that produce glare and light trespass



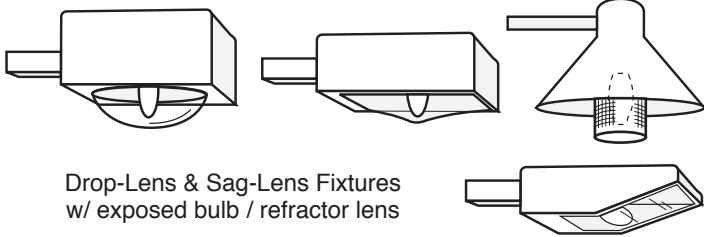
Unshielded Floodlights or Poorly-shielded Floodlights



Unshielded Wallpacks & Unshielded or Poorly-shielded Wall Mount Fixtures



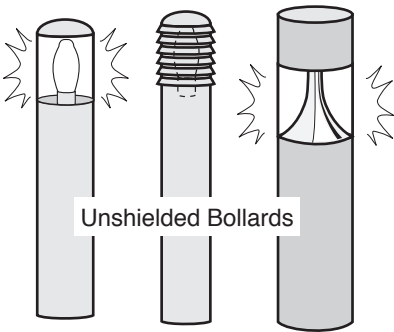
Drop-Lens & Sag-Lens Fixtures w/ exposed bulb / refractor lens



Unshielded Streetlight

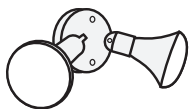
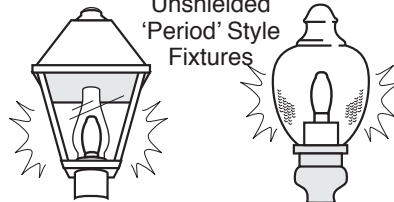
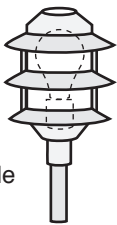
Unshielded Bollards

Unshielded Barn Light

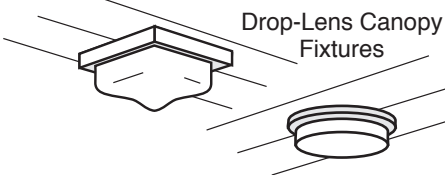


Unshielded 'Period' Style Fixtures

Louvered 'Marine' style Fixtures



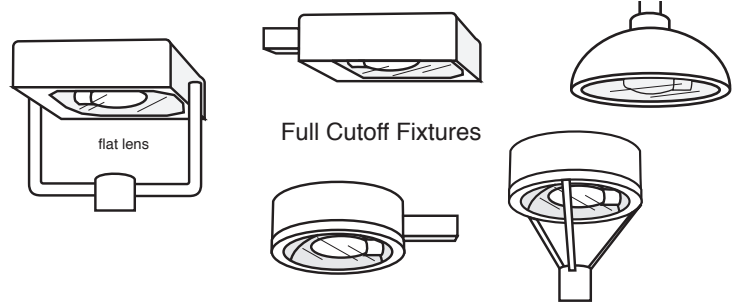
Unshielded PAR Floodlights



Drop-Lens Canopy Fixtures

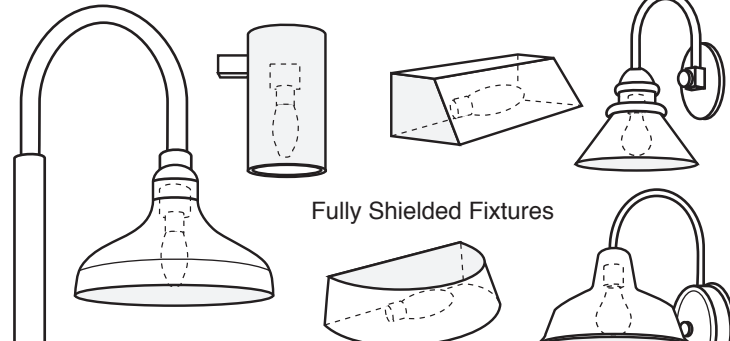
Acceptable/Compliant

Fixtures that shield the light source to minimize glare and light trespass and to facilitate better vision at night



Full Cutoff Fixtures

Fully Shielded Wallpack & Wall Mount Fixtures

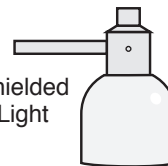


Fully Shielded Fixtures

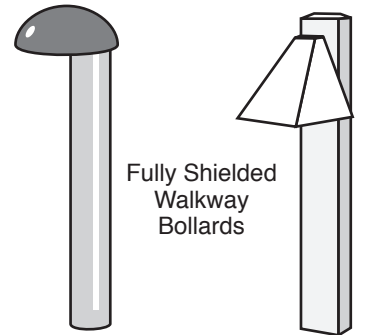
Full Cutoff Streetlight



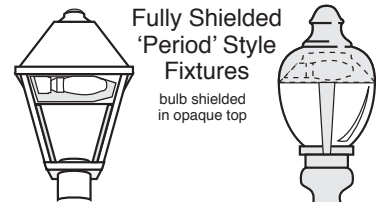
Fully Shielded Barn Light



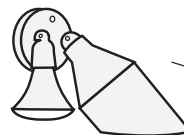
Fully Shielded Walkway Bollards



Fully Shielded Decorative Fixtures



Fully Shielded 'Period' Style Fixtures



Shielded / Properly-aimed PAR Floodlights

Flush Mounted or Side Shielded Under Canopy Fixtures

