

City of Rexburg/ Madison County
BUILDING PERMIT APPLICATION
19 E MAIN, REXBURG, ID. 83440
208-359-3020 X322

Please

If the

07 00338

4035 Molly Dr-R Hill Constr

PARCEL NUMBER: RP01N0121000000 (we will provide this for you)
SUBDIVISION: _____ UNIT# _____ BLOCK# _____ LOT# _____
(Addressing is based on the information - must be accurate)

OWNER: <u>Bart Rigby</u>	CONTACT PHONE #	
PROPERTY ADDRESS: <u>4035 Molly Dr.</u>		
PHONE #: Home ()	Work ()	Cell ()
OWNER MAILING ADDRESS: _____	CITY: _____	STATE: _____ ZIP: _____
EMAIL _____	FAX _____	

APPLICANT: (If other than owner) R Hill Construction, LLC
(Applicant if other than owner, a statement authorizing applicant to act as agent for owner must accompany this application.)

APPLICANT INFORMATION: ADDRESS 6579 E 113 N CITY: IF
STATE: ID ZIP 83401 EMAIL rshill178@hotmail.com FAX 522-9871
PHONE #: Home () 523-0490 Work () _____ Cell () 520 9651

CONTRACTOR: _____
MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____
PHONE: Home# _____ Work# _____ Cell# _____
EMAIL _____ FAX _____

How many buildings are located on this property? 1

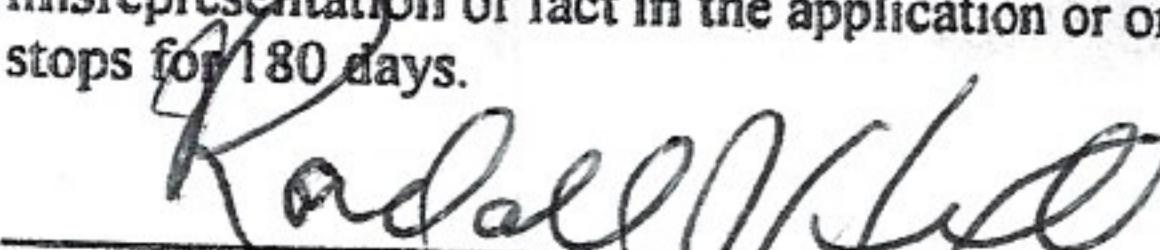
Did you recently purchase this property? No Yes (If yes give owner's name) _____

Is this a lot split? NO YES (Please bring copy of new legal description of property)

PROPOSED USE: Single Family

(i.e., Single Family Residence, Multi Family, Apartments, Remodel, Garage, Commercial, Addition, Etc.)

APPLICANT'S SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and I swear that any information which may hereafter be given by me in hearings before the Planning and Zoning Commission or the City Council for the City of Rexburg shall be truthful and correct. I agree to comply with all City regulations and State laws relating to the subject matter of this application and hereby authorized representatives of the City to enter upon the above-mentioned property for inspection purposes. NOTE: The building official may revoke a permit on approval issued under the provisions of the 2000 International Code in cases of any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based. Permit void if not started within 180 days. Permit void if work stops for 180 days.



Signature of Owner/Applicant

Do you prefer to be contacted by fax, email or phone? Circle One

WARNING - BUILDING PERMIT MUST BE POSTED ON CONSTRUCTION SITE!
Plan fees are non-refundable and are paid in full at the time of application beginning January 1, 2005.
City of Rexburg's Acceptance of the plan review fee does not constitute plan approval.

7/25/07

DATE

Please complete the entire Application! If the question does not apply fill in N/A for non applicable

NAME Bart Rigby PROPERTY ADDRESS 4035 Molly Dr. SUBDIVISION Wetzel Permit#

Required!!!

MECHANICAL

Mechanical Contractor's Name: Joe McMurry Business Name: JMC, Inc.
Address _____ City _____ State _____ Zip _____
Contact Phone: () _____ Business Phone: () _____
Email _____ Fax _____

Mechanical Estimate \$ 8000 (Commercial/Multi Family Only)

FIXTURES & APPLIANCES COUNT (Single Family Dwelling Only)

<input type="checkbox"/> Furnace	<input type="checkbox"/> Exhaust or Vent Ducts
<input checked="" type="checkbox"/> Furnace/Air Conditioner Combo	<input type="checkbox"/> Dryer Vents
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Range Hood Vents
<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Cook Stove Vents
<input type="checkbox"/> Evaporative Cooler	<input type="checkbox"/> 3 Bath Fan Vents
<input type="checkbox"/> Unit Heater	<input type="checkbox"/> other similar vents & ducts:
<input type="checkbox"/> Space Heater	
<input type="checkbox"/> Decorative gas-fired appliance	
<input type="checkbox"/> Incinerator System	
<input type="checkbox"/> Boiler	
<input type="checkbox"/> Pool Heater	
<input type="checkbox"/> Similar fixtures or Appliances	
<input type="checkbox"/> Fuel Gas Pipe Outlets including stubbed in or future outlets	
<input type="checkbox"/> Inlet Pressure (Meter Supply) PSI	

Heat (Circle all that apply) Gas Oil Coal Fireplace Electric

**Mechanical Sizing Calculations must be submitted with Plans & Application
Point of Delivery must be shown on plans.**

Joseph R. McMurry
Signature of Licensed Contractor

Required!

2419

License number

7-25-07

Date

The City of Rexburg's permit fee schedule is the same as required by the State of Idaho

