## City of Gooding Building Permit

308 5th Ave. West Gooding, ID 83330 (208) 934-5669

Permit Number:			Date:		
Owner:					
Mailing Address:					
City:			Zip:		
Building Site Add or Lot Numbers:					
Class of Work:	☐ New	☐ Addition	☐ Alteration	□ Fence	□ Sign
☐ Manufactured Home ☐ Foundation		Date of Purchase			
Make	Model	Size	Value	Serial	#
Contractor or Bui	lder:				
Contractors Registration No.:			No contractor registration provided:		
Flood Elevation Certificate Required:			Zoning:		
Use of Building:			Size (total sq. ft.)		
Number of Stories:			Number of Units:		
Plans Furnished:			Type of Construction:		
Plans Approved by:					
Price per Square Foot:			Valuation of Work: \$		
PERMIT FEE:					
PLAN CHECK FE	:E:				
TOTAL FEE:					
WORK WILL CO	MMENCE				
			Permit expires	in 180 days.	
	7.5		Phone:		
Signature of Owner (if owner builder)			Phone:		
Signature of Contractor or Authorized Agent					