

**CERTIFICATE OF
APPROPRIATENESS
APPLICATION**

CITY OF WALLACE
703 Cedar Street
Wallace, ID 83873
(208) 752-1147

AGENCY USE ONLY

Received by: _____ Date: _____

Hearing to be heard on: _____

Commission decision: Approved Denied Tabled Modified

Permit #: _____ Issue Date: _____

Notes: _____

PARCEL OWNER AND INFORMATION

Parcel #: _____ Site Address: _____

Owner Name: _____ Phone #: _____ Email Address: _____

Mailing Address: _____

A designated person who will be at the meeting to present the proposal (if different than the owner)

Name: _____ Cell #: _____ Email Address: _____

PROJECT INFORMATION

Project Type: New Construction Demolition Reconstruction, Remodeling or Repair
 Exterior Building Alteration or Sign(s)

Estimated start date: _____ Estimated completion date: _____

Please attach a full description of the proposed project subject to this permit application. Project descriptions should include, but not be limited to, the following as defined in W.C.C. 12-5-4(B):

1. A clear statement of the proposed work to include such things as colors, materials, landscaping, and signs.
2. Plans, elevations, and specifications in sufficient detail to accurately describe the size, height, and completed appearance of the proposed work. (Relevant, current, or historic photos are encouraged.)
3. A site plan showing all existing buildings and structures on the proposed site and proposed work as well as the Zoning District.
4. In cases where the application is for demolition, the need, justification, necessity for demolition, and the proposed plans for the site.

Does the project area fall within the boundaries of the Wallace Historic District? yes no

Does the project include removal of trees? If yes, how many? yes no

Are there any non-conforming use(s) on this parcel (past or current)? yes no

Have there been any previous or existing code violations on this parcel? yes no

Will the project involve disturbance within five feet of any property line? yes no

Do you anticipate applying for any building permits if this application is approved? yes no

CONDITIONS

THIS APPLICATION IS NOT AUTHORIZATION FOR ANY WORK TO COMMENCE.

APPLICATION MUST BE COMPLETE PRIOR TO CONSIDERATION BY THE WALLACE PLANNING AND ZONING COMMISSION. INCOMPLETE APPLICATIONS WILL NOT BE SUBMITTED TO THE COMMISSION UNTIL ALL REQUESTED MATERIALS ARE PROVIDED BY THE APPLICANT.

ANY PERMIT WHICH MAY BE ISSUED AS A RESULT OF THIS APPLICATION SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR FROM THE DATE OF ISSUANCE, OR IF THE AUTHORIZED WORK IS ABANDONED OR SUSPENDED FOR A PERIOD OF ONE YEAR.

IF AUTHORIZED BY A PERMIT, THE PROPOSED WORK MUST COMPLY WITH ALL ADOPTED CODES, ORDINANCES, STATUTES, AND POLICIES OF THE CITY OF WALLACE AND ANY OTHER AUTHORITY HAVING JURISDICTION.

INSPECTIONS MUST BE REQUESTED AND APPROVED PRIOR TO CONTINUING ANY SUBSEQUENT PHASE OF CONSTRUCTION.

ALL STRUCTURES OR MODIFICATIONS TO STRUCTURES THAT WILL BE OCCUPIED ARE REQUIRED TO RECEIVE A CERTIFICATE OF OCCUPANCY IN ADDITION TO ANY REQUIRED PERMIT(S).

AUTHORIZATION AND SIGNATURE

I HEREBY ACKNOWLEDGE THAT THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE AND ACCURATE REPRESENTATIONS OF THE SITE AND WORK TO BE DONE. I ATTEST THAT THE BUILDING PERIMETER AND PROPERTY LINES WILL BE CAREFULLY MARKED AT ALL TIMES. I ASSUME ALL RESPONSIBILITY FOR ANY INACCURACIES CONTAINED HEREIN.

I ADDITIONALLY ACKNOWLEDGE THAT I HAVE OBTAINED A COPY OF AND FULLY REVIEWED WALLACE CITY CODE TITLE 12 AND TITLE 13.

OWNER OR AUTHORIZED AGENT SIGNATURE

DATE

PRINT NAME