



## CITY OF COEUR D'ALENE Siding Permit Application

**JOB ADDRESS:** \_\_\_\_\_

**Legal Description** LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

**Value of Work** \$ \_\_\_\_\_ (Include all labor and materials-receipts and/or contract agreement may be requested to verify valuation)

**Owner:** \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address(C/S/Z): \_\_\_\_\_ E-mail \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address (C/S/Z): \_\_\_\_\_ E-mail \_\_\_\_\_

**Idaho Contractor Registration No.** \_\_\_\_\_ **Expiration date (M/D/YR)** \_\_\_\_\_

**TYPE OF EXISTING EXTERIOR WALL COVERING:** \_\_\_\_\_

Remove Existing: Yes \_\_\_\_\_ No \_\_\_\_\_

Is Asbestos Present? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes – Contact the Asbestos Info Line: 208-323-8287 and EPA Region 10: 1-800-424-4372

**TYPE OF MATERIAL TO BE INSTALLED:**

Manufacturer \_\_\_\_\_ Brand \_\_\_\_\_ Style/Series \_\_\_\_\_

Type of moisture barrier to be installed \_\_\_\_\_ Number of squares \_\_\_\_\_

**NOTE: A pre-siding inspection is required prior to the application of new materials. Please call 208-769-2391 to schedule an inspection.**

**\*\*\*Manufacturer's installation instructions must be on-site for inspections.\*\*\***

I understand that this permit becomes void if the authorized work is not commenced within, or is suspended for 180 days. I understand that this permit and manufacturers installation instructions must remain on-site during construction. I understand that this permit does not give authority to violate the provisions of any state or local laws, or governing ordinances. I hereby certify that the information provided in this application to be true and accurate.

**Owner/Authorized Agent** \_\_\_\_\_

**Date** \_\_\_\_\_