



CITY OF COEUR D'ALENE Siding Permit Application

JOB ADDRESS: _____

Legal Description LOT _____ BLOCK _____ SUBDIVISION _____

Value of Work \$ _____ (To 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 _____