



City of Kuna Demolition Permit Application

City of Kuna
P.O. Box 13
Kuna, Idaho 83634

Phone: (208) 922-5274
Fax: (208) 922-5989
Web: www.kunacity.id.gov

| |
|----------------------------------|
| OFFICE USE ONLY: |
| 1 st Review By: _____ |
| 2 nd Review By: _____ |

*Contractor License #: _____

Parcel #: _____ Zone: _____

Legal Description: _____

*Site Address: (If known) _____

*Applicant Name: _____ *Phone: _____

*Applicant Address: _____ *City: _____ *Zip: _____

*Email Address: _____

| |
|--|
| *Demolition Permit Checklist: |
| <input type="checkbox"/> Asbestos Report |
| <input type="checkbox"/> Letter, on company letterhead, including: |
| <input type="checkbox"/> Timeline |
| <input type="checkbox"/> Methods of Demolition and Debris Removal |

***Required Information**

The City of Kuna is not liable for environmental hazards that may arise out of the demolition of the building. This does not cover the removal of existing trees. For tree removal you will need a separate permit.

Note: Once plans have been checked and approved for issuance the applicant **MUST** pick up the building permit within **30 days** or the plans will be destroyed. Per IRC 2012 regulations, work must commence or resume within 180 days or permit is invalid. Building Official may grant time extensions prior to expiration.

Applicant's Signature: _____ Date: _____

*******OFFICE USE ONLY*******

APPLICATION REVIEW INFORMATION

| BP# | IMPACT CERT. # | SITE ADDRESS | APPROX. CONST. COST | SQ. FT. HOME | SQ. FT. GARAGE | SQ.FT. PORCH |
|-----|----------------|--------------|---------------------|--------------|----------------|--------------|
| | | | | | | |

STAFF RECIPIENT/CREATED BY:
(Initial/Date) _____ / _____