

EASTERN IDAHO PUBLIC HEALTH DISTRICT SEPTIC SYSTEM INSPECTION REPORT

1/2007

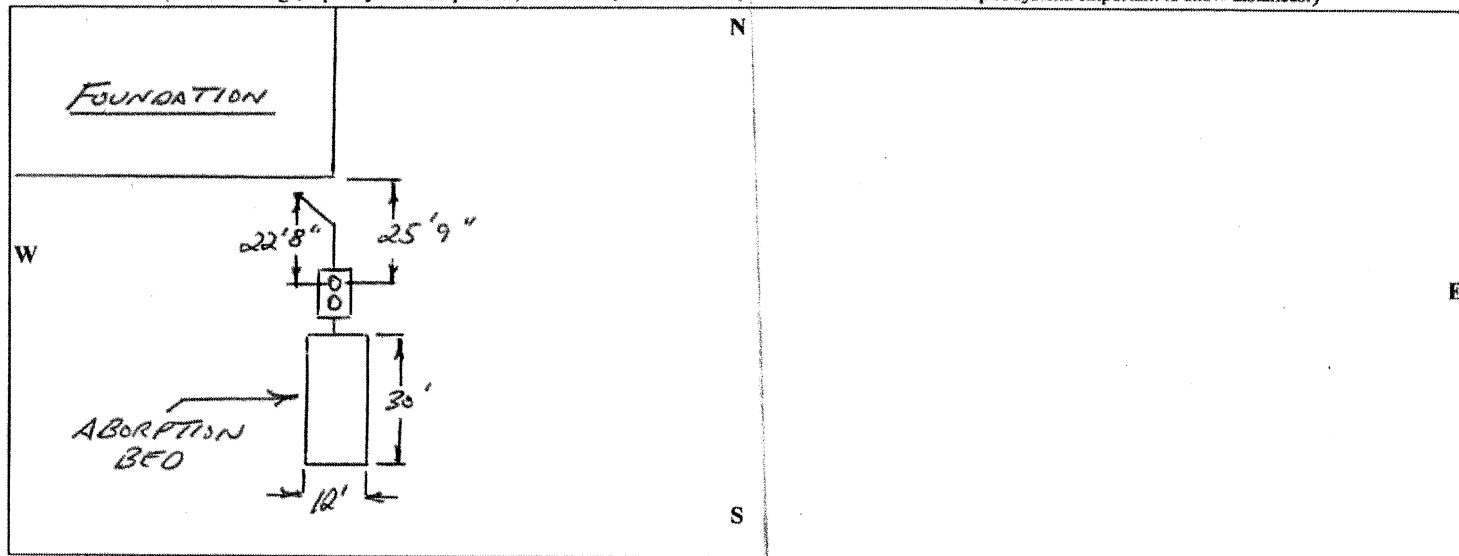
Travel Time: 60 Inspection Time 45INSPECTION CONDUCTED FOR: Name GARY BONACCI Permit No 3009-32LOCATION OF INSPECTION: Street Address 12 WORTITT City _____Legal Description: ¼ Section _____ Section 11 Township 25N Range 21E
Subdivision: _____ Lot _____ Block _____

SEPTIC TANK INSPECTION

- COOPER
- Capacity Tank 1000 gallons. ATU _____ gpd. Septic Tank capacity = or greater than permit requirements? ☒ Yes No N/A
 - Was Septic Tank construction in compliance with State regulations and was tank State approved? ☒ Yes No
 - Were inlet and outlet properly sealed? ☒ Yes No
 - Did Septic Tank meet minimum separation requirements as required by permit? ☒ Yes No
 - Was extension of manhole required? Yes ☒ No Depth from final grade to manhole. 18" feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed BEO/INFILTRATORS Meets permit requirements? ☒ Yes No N/A
- Disposal Area Size 300 Square Feet In compliance with Permit Issued? ☒ Yes No
- Did Disposal System meet the minimum separation distance as required by the Permit? ☒ Yes No
- Was Disposal System constructed in compliance with the State Technical Guidance Manual? ☒ Yes No
- Maximum depth of Disposal System 4 Feet. In compliance with Permit Issued? ☒ Yes No

DRAWING: (Show buildings, septic system components, water lines, surface waters, & wells within 300 feet of septic system. Important to show distances.)**SELF-INSPECTION:** If given approval for self inspection, Installer certifies that information provided is accurate and system was installed as shown.

Installers Signature X

License #:

Date:

Installed by: OWNER

Official Use Only

License #: N/A

This System appears to:

- Be in **Substantial Compliance** with permit and is approved. ☒ Yes
- Have **Minor deficiencies** which could cause premature failure, but still in substantial compliance with Intent of Rules. Recommend that deficiencies be corrected, which could improve your system, but system is still approved. Yes*
- Have **Major deficiencies** which violate the Intent of Rules and must be corrected, system not approved. Yes*

Comments _____

*See Comments

INSPECTED/REVIEWED BY EHS:

12 DATE: 11/6/09

GARY BONACCI PERMIT # 3009-32



Model 0125

EASTERN IDAHO PUBLIC HEALTH DISTRICT SEPTIC PERMIT

***NOTE* THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE and IS NOT TRANSFERABLE**

*Installation shall comply with all the requirements of Idaho's Individual Subsurface Sewage Disposal Regulations as stated below.
Failure to install the system in compliance with permit may be grounds for disapproval and may result in further legal action being taken.*

CDP No _____ T-Code: 232 Time: 15 MIN Permit No 3009-32
Receipt No 89917-\$425

Permit Issued To: Name GARRY BONACCI Phone 756-2296

For Location: Address MAIL: 8 KATIE LANE GIBBONSVILLE 83463 City _____ Zip _____

PHYSICAL: 12 WOPITTY RANCH ROAD GIBBONSVILLE

Legal Description: 1/4 Section _____ Section 11 Township 25N Range 21E

Subdivision _____ Lot _____ Block _____

SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 900 gallons Multiple tank (If using or required): _____ Total gallons

First tank: _____ gallons Second tank: _____ gallons

Pump Chamber (If required): _____ gallons ATU: Company: _____ Model: _____

SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type of Standard & Basic Alternative System Permitted: STANDARD

Type of Complex Alternative System Permitted: _____

**Note* A licensed complex installer is required to install a complex system. A homeowner cannot install complex systems.*

MAXIMUM DEPTH OF EXCAVATION: 4 Feet

SOIL TYPE: B

DISTANCE TO NEAREST SURFACE WATER (explanation): _____

DISPOSAL AREA SIZE: 300 Sq. Ft.

APPLICATION RATE: 0.5 gals/day/ft²

SPECIAL CONDITIONS

INSPECTION REQUIRED BEFORE COVER

I hereby agree that the system will be installed as per the permit and will not make any changes from the permit without written approval from Eastern Idaho Public Health District. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature X

ISSUED BY EHS

Sean Hyman

#

Date Issued: 9/21/09

Expiration Date: 9/21/10

Other requirements on reverse side of permit

**EASTERN IDAHO PUBLIC HEALTH DISTRICT
APPLICATION FOR SEWAGE DISPOSAL PERMIT**

Permit # 3009-32

Receipt # 589917 Amt 425.00

Receipt # _____ Amt _____

SINGLE FAMILY RESIDENCES

(This is not a permit to install)

Owner of system: Garry Bonacci

Phone # 208-756-2296

Mailing Address of Owner: 8 Katie Ln City: Gibbonsville St: Id Zip: 83463
(Current Address)

Location of actual system:

Legal Description: 1/4 Section _____ Section _____ Township _____ Range _____

Subdivision Name if applicable: Lick Creek Sub. Amend Div. _____ Lot 12 Block 330

Address: 12 Wapiti Ranch Rd. City Gibbonsville Zip 83463

Directions to property: turn left - right - past mile marker 335

Lot Size: 7 1/2 acres. Water Supply: Private Well (☒) Shared Well () Public System ()

Scaled or dimensional plot plan **REQUIRED!**

Constructional Activity: New Construction (☒) Enlargement () Replacement ()

Wastewater Flow Information:

Maximum number of **POTENTIAL** bedrooms 1 **House plans REQUIRED!**

Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? Yes No

Will dwelling serve as a rental unit? Yes ☒ No

Proposed Disposal System:

Standard or Basic Alternative Systems:

Complex Alternative System:

Note Current rules require you to hire a septic installer that has a complex installer license to install a complex systems. A homeowner cannot install complex systems.

I certify that public or central sewage facilities are not reasonably accessible. I understand that if this system is constructed by anyone other than homeowner, a licensed installer must install it. I understand that the system must be inspected and approved prior to final cover. I understand this is an application only and that it is necessary to have a permit before construction can begin. * Note * Once the permit has been issued, no changes can be made without prior approval from Eastern Idaho Public Health District.

Is Home Owner Installing? yes

I am the: Homeowner (☒) Owner's authorized representative: Installer () license number _____ Contractor ()

I hereby authorize access to this property for the purpose of conducting an on-site evaluation.

Signed By: X Garry Bonacci

Date: Sept 15, 2009

PERMIT MAY BE RENEWED ONLY TWO (2) TIMES

Name of Permit Holder BONACCI

Permit # _____

ON-SITE EVALUATION

Date(s) On-Site Evaluations Conducted. 9/9/09 9/10/09 1/1/
Travel Time associated with evaluation. 60 60 _____
Inspection Time associated with evaluation. 30 50 _____

CURRENT LAND USE: _____

ENGINEERING PLAN NEEDED:

Yes ☐ No ☒

MAINTENANCE AGREEMENT NEEDED:

Yes ☐ No ☒

P & Z or COUNTY APPROVAL NEEDED:

Yes ☐ No ☒

SITE SUITABILITY:

Soil Types:

Based on SCS maps.	Type A	B	C	Unacceptable
Based on Engineering Report.	Type A	B	C	Unacceptable
Based on Test Hole.	Type A	<input checked="" type="radio"/> B	C	Unacceptable

Test Hole Information:

Depth of Test hole. 8'

Predominant soil type observed. B.

Bedrock encountered. no

Any ground water encountered. no

Other concerns. _____

Effective Soil Depth: Has sufficient soil depth below bottom of proposed system to meet rules? ☒ Yes ☐ No

Depth to nearest Groundwater. > 8' Depth to nearest impermeable layer. > 5'

Separation Distances: (Property has sufficient area for system and replacement to meet all separation requirements?)

Well location (owners property)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Nearest neighbor's well	<input checked="" type="radio"/> Yes <input type="radio"/> No
Water Distribution lines	<input checked="" type="radio"/> Yes <input type="radio"/> No	Downslope Cut or Scarp	<input checked="" type="radio"/> Yes <input type="radio"/> No
Temporary Surface Waters	<input checked="" type="radio"/> Yes <input type="radio"/> No	Property lines.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Permanent or Intermittent Surface Water	<input checked="" type="radio"/> Yes <input type="radio"/> No		

PLOT PLAN: (Show proposed building sites, well location, septic site, replacement area, any surface waters, property lines, distances and utilities if known.) **Only for failed systems due to age as required by REHS.**

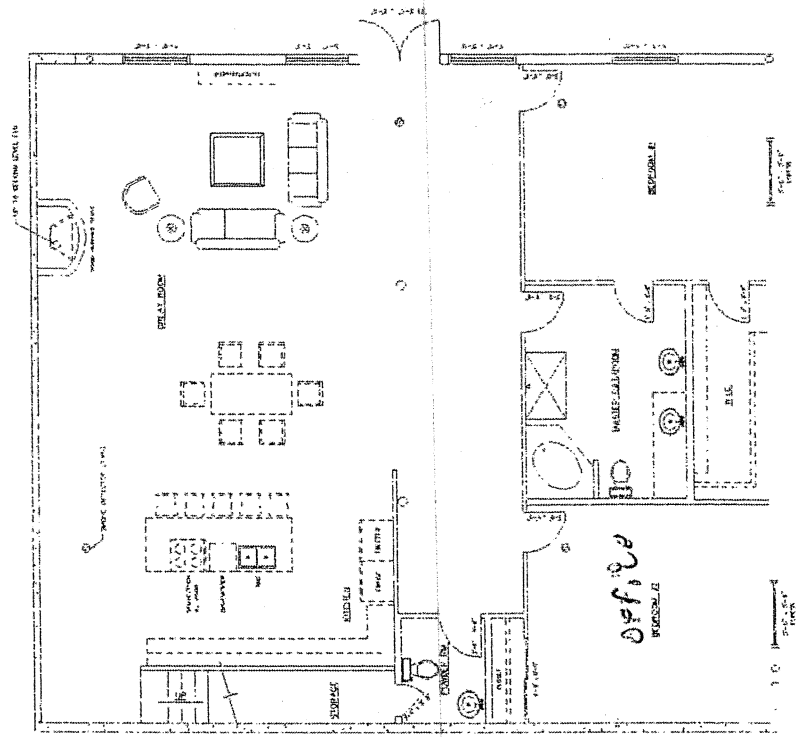
Comments: _____

By EHS.

Ken Henson

GENERAL NOTES AND INFO

- 1. ALL WALLS CONFORM TO MINIMUM WALL THICKNESS OF 12" FOR ALL WALLS.
- 2. ALL WALLS SHALL BE 1/2" THICK AND SHALL BE CONCRETE.
- 3. ALL FLOORING SHALL BE 1/2" THICK AND SHALL BE CONCRETE.
- 4. ALL FLOORING SHALL BE 1/2" THICK AND SHALL BE CONCRETE.



1 BASEMENT PLAN

KSTKL Investments, LLC 8771 Lybush Street - Denver - Colorado - 80224 kstkl@kstkl.com		Scott Barhood Personal Residence Level: Ground, 1D	Scott Barhood 8771 Lybush Street, Box 10 Denver, CO 80224	Project Name: _____ Project Number: _____ Project Location: _____ Project Date: _____ Project Status: _____	Project Name: _____ Project Number: _____ Project Location: _____ Project Date: _____ Project Status: _____	BASEMENT PLAN Scale: 1/4" = 1'-0" Date: _____ Drawn by: _____ Checked by: _____ Approved by: _____	A2
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DISTRICT SEVEN HEALTH DEPARTMENT SEPTIC SYSTEM INSPECTION REPORT

Activity Code: 01

4/99

Travel Time: 45Inspection Time 60INSPECTION CONDUCTED FOR: Name SCOTT BONACCIPermit No 3001-27LOCATION OF INSPECTION: Street Address 3336 LOWELL LA.City ERIE, CO. 80516Legal Description: ¼ Section 11 Township 25N Range 21ESubdivision: LICK CREEK AMENOR Lot 1 Block

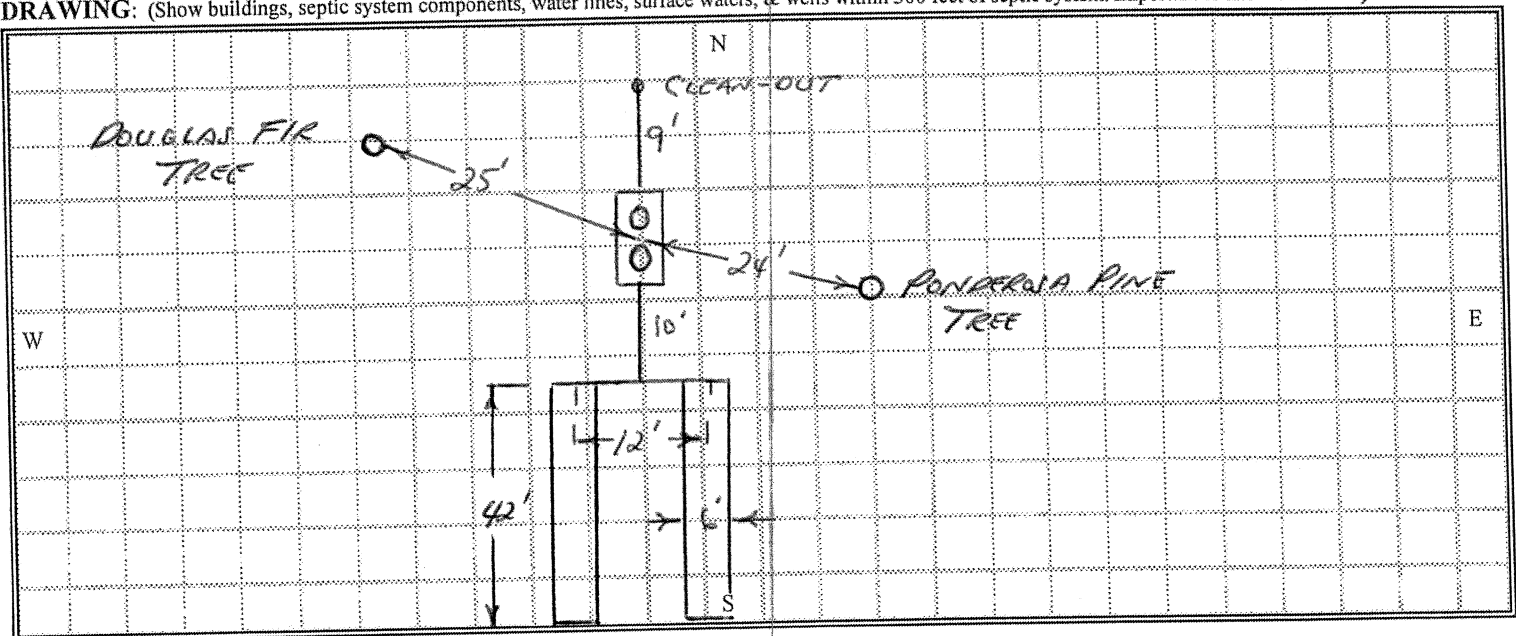
SEPTIC TANK INSPECTION

- Capacity of Septic Tank Installed 1000 gallons. Septic Tank capacity = or greater than permit requirements? ☒ Yes No N/A
- Was Septic Tank construction in compliance with State regulations and was tank State approved? ☒ Yes No
- Were inlet and outlet properly sealed? ☒ Yes No
- Did Septic Tank meet minimum separation requirements as required by permit? ☒ Yes No
- Was extension of manhole required? Yes ☒ No Depth from final grade to manhole. 18" feet

SUBSURFACE DISPOSAL (DRAINFIELD) INSPECTION

- Type of Disposal System installed STANDARD TRENCH (6') Meets permit requirements? ☒ Yes No N/A
- Disposal Area Size 504 Square Feet In compliance with Permit Issued? ☒ Yes No
- Did Disposal System meet the minimum separation distance as required by the Permit? ☒ Yes No
- Was Disposal System constructed in compliance with the State Technical Guidance Manual? ☒ Yes No
- Maximum depth of Disposal System 4 Feet. In compliance with Permit Issued? ☒ Yes No

DRAWING: (Show buildings, septic system components, water lines, surface waters, & wells within 300 feet of septic system. Important to show distances.)



SELF-INSPECTION: If given approval for self inspection Installer certifies that information provided is accurate and system was installed as shown.

Installers Signature X _____ License #: _____ Date: _____

Official Use Only

Installed by: GARY BONACCILicense #: N/A

This System appears to:

- Be in Substantial Compliance with permit and is approved. ☒ Yes
- Have Minor deficiencies which could cause premature failure, but still in substantial compliance with Intent of Rules. Recommend that deficiencies be corrected, which could improve your system, but system is still approved. Yes
- Have Major deficiencies which violate the Intent of Rules and must be corrected, system not approved. Yes

Comments: NO STRUCTURES OR WELL AT TIME OF INSPECTION

INSPECTED/REVIEWED BY EHS:

Ken Higgins

#12 DATE:

9/6/01

DISTRICT SEVEN HEALTH DEPARTMENT

SEPTIC PERMIT

***NOTE* THIS PERMIT IS ONLY VALID FOR ONE YEAR FROM DATE OF ISSUE**

4/99

Installation shall comply with all the requirements of the Health District and Idaho's Individual Subsurface Sewage Disposal Regulations as stated below. Failure to install system in compliance with permit will cause disapproval by District 7 and possible legal action.

CDP No _____ T-Code: 232 Time: 15 MIN Permit No 3001-27
Receipt No _____

Permit Issued To: Name SCOTT BONACCI Phone 303 430-4690

For Location: Address 3336 LOWELL LA ERIE CO 80516 City GIBBONSVILLE Zip 83469

Legal Description: $\frac{1}{4}$ Section _____ Section 286 Township 25N Range 21E

Subdivision LICK CREEK AMENDED Lot 1 Block _____

SEPTIC TANK SPECIFICATIONS (minimums)

Size of Septic Tank: 1000 gallons Multiple tank (If using or required): _____ Total gallons

First tank: _____ gallons Second tank: _____ gallons

Pump Chamber (if required): _____ gallons

SEWAGE DISPOSAL (DRAINFIELD) SPECIFICATIONS (minimums)

Type(s) of Standard Sewage Disposal System Permitted: Trench X Bed _____ Pit _____ Gravelless X
Basic Alternative Privy _____ Steep Slope System _____ Capping Fill _____ Extra Drain-rock Trench _____

Type(s) of Complex Alternative Disposal System Permitted: Sand Filter Intermittent _____ Sand Filter Intrench _____
Sand Mound _____ Lagoon _____ Extended Treatment Systems _____ Large Soil Absorption Systems _____
Other _____

Complex Alternative Disposal Systems are required to be installed by a licensed complex installer

MAXIMUM DEPTH OF EXCAVATION: 4 Feet

DISPOSAL AREA SIZE: 500 Sq. Ft.

SOIL TYPE: B

APPLICATION RATE: .5 gals/day/ft²

DISTANCE TO NEAREST SURFACE WATER (explanation): 200 FT. OR MORE TO
NORTH FORK SALMON RIVER

SPECIAL CONDITIONS

I hereby agree that the system will be installed as per the permit and will not make any changes from the permit without written approval from District 7. I also hereby authorize access to this property for purpose of inspection.

Applicant/Agent Signature [Signature] Date: 7-7-01

ISSUED BY EHS

[Signature]

102

Date Issued: 7/2/01

Expiration Date: _____

**Note* Other requirements on reverse side of permit:*

DISTRICT SEVEN HEALTH DEPARTMENT

APPLICATION FOR SEWAGE DISPOSAL PERMIT

SINGLE FAMILY RESIDENCES (This is not a permit to install)

Receipt #

Permit #

865-2296

Phone # 303-430-4690

Owner of system: SCOTT BONKELI

Mailing Address of Owner: 3363 LOWEL LA.

City: ERIE, CO

Zip: 80516

Location of actual system:

Legal Description: 1/4 Section

Section 286

Township 25N

Range 21E

Parcel Number:

Subdivision Name if applicable:

LICK CREEK Sub Ament Lot

City: Lehighville

Block: LESSY-3398

Address:

County of Lemhi
State of Idaho

Directions to property: SEE BOOK 6 OF PLATS AT PAGE NO. 10

Lot Size: 7.53 acres. Water Supply: Private Well ☒ Shared Well ☐ Public System ☐

Constructional Activity: New Construction ☒ Enlargement ☐ Replacement ☐

Wastewater Flow Information:

Maximum number of potential bedrooms 3

Will home have basement with bathroom, laundry or other plumbing for disposal of wastes? Yes ☒ No ☐

Proposed Disposal System:

Standard Systems: Trench ☐ Gravelless Dome ☐ Extra Drainrock Trench ☐ Absorption Bed ☐ Seepage Pit ☐ *Note* If a standard system cannot be installed, an alternative system may be permitted.

Basic Alternative System: Capping Fill Trench ☐ Gray Water Sump ☐ Steep Slope ☐ Incinerator Toilet ☐ Pit Privy ☐ Vault Privy ☐

Complex Alternative System: Evapotranspiration ☐ Experimental ☐ Extended Treatment Package ☐ In-Trench Sand Filter ☐ Large Soil Absorption System ☐ Lagoon ☐ Pressure Distribution ☐ Sand Filter-Intermittent ☐ Sand Filter-Recirculating ☐ Sand Mound ☐ Two Cell Infiltrative ☐ *Note* Current rules require you hire a septic installer that has a complex installer license to install complex systems. A homeowner or a licensed standard installer cannot install complex systems.

I certify that public or central sewage facilities are not reasonably accessible. I understand that if this system is constructed by anyone other than homeowner, a licensed installer must install it. I understand that the system must be inspected and approved prior to final cover. I understand this is an application only and that it is necessary to have a permit before construction can begin. * Note * Once the permit has been issued, no changes can be made without prior approval from District Seven Health Department.

I am the: Homeowner ☒ Owner's authorized representative: Installer ☐ license number _____ Contractor ☐

I hereby authorize access to this property for the purpose of conducting an on-site evaluation. I understand it is necessary to have one of the following present during the evaluation: Homeowner, Installer or Contractor.

Signed By: X

Date:

ON-SITE EVALUATION ON REVERSE SIDE
FILL OUT PLOT PLAN ON REVERSE

12/99

ON-SITE EVALUATION

Date(s) On-Site Evaluations Conducted.
 Travel Time associated with evaluations
 Inspection Time associated with evaluations

6/24/01 8/28/01 1/1/01
 30 45
 60 60

CURRENT LAND USE:

VACANT

SITE SUITABILITY:

Slope: Does slope prohibit installation of proposed system?

Yes

☒ No

Soil Types:

Based on SCS maps.

Based on Engineering Report.

Based on Test Hole.

Type

A

B

C

Unacceptable

Type

A

B

C

Unacceptable

Type

A

☒ B

C

Unacceptable

Test Hole Information:

Depth of Test hole.

8'

Predominant soil type observed.

B₁

Bedrock encountered.

NO

Any ground water encountered.

NO

Other concerns.

Effective Soil Depth: Has sufficient soil depth below bottom of proposed system to meet rules? ☒ Yes ☐ No

Depth to nearest Groundwater.

> 8'

Depth to nearest impermeable layer.

> 8'

Separation Distances: (Property has sufficient area for system and replacement to meet all separation requirements?)

Well location (owners property)

Yes

No

Water Distribution lines

Yes

No

Temporary Surface Waters

Yes

No

Permanent or Intermittent Surface Water

Yes

No

Nearest neighbor's well

Yes

No

Downslope Cut or Scarp

Yes

No

Property lines.

Yes

No

PLOT PLAN: (Show proposed building sites, well location, septic site, replacement area, any surface waters, property lines, and utilities if known.)

Comments:

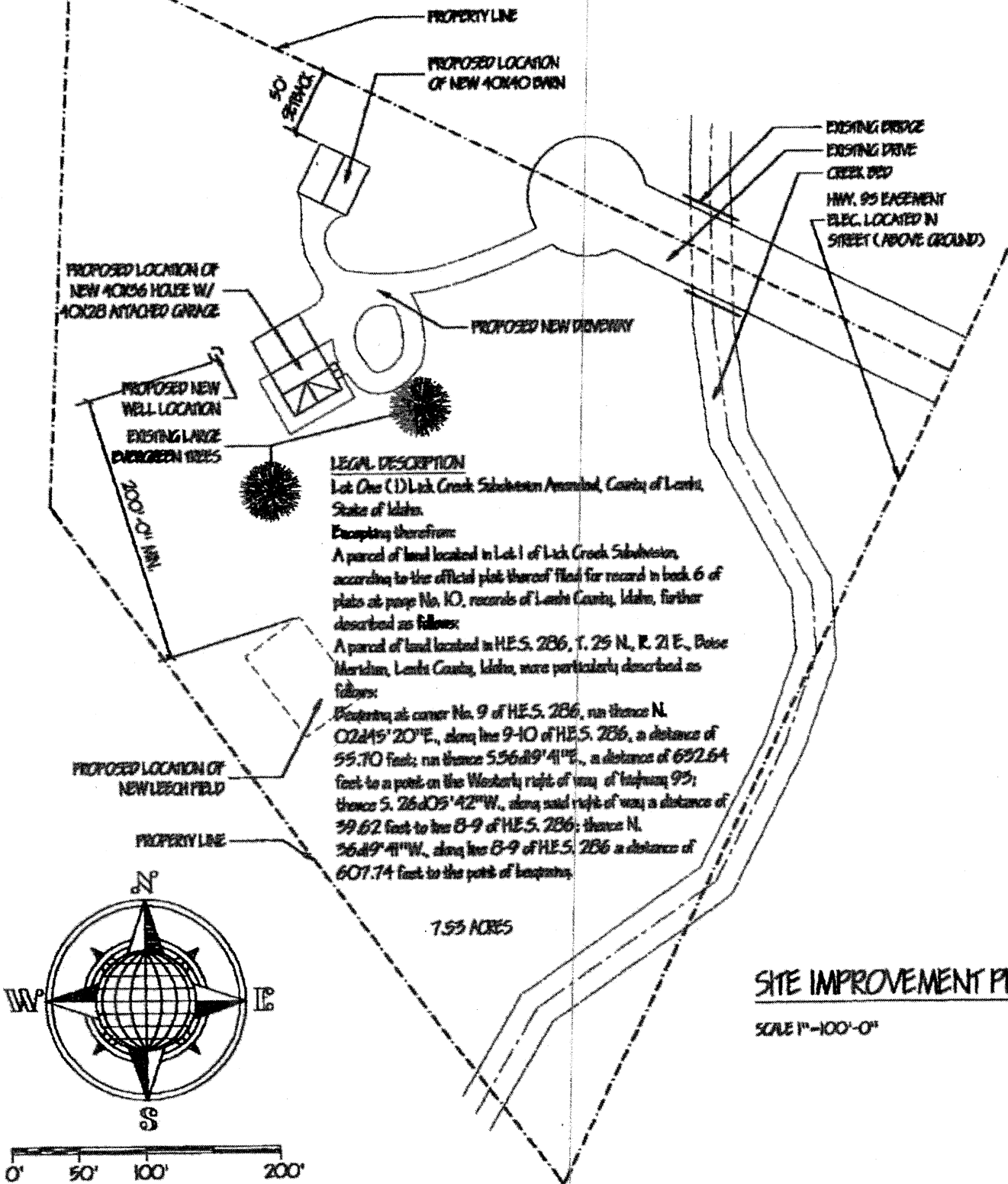
CONSTRUCT
 TRENCHES PARALLEL
 TO CONTOUR.
 NO WELL OR
 STRUCTURES AT TIME
 OF ON-SITE

North

SEE
 ATTACHED
 SITE
 IMPROVEMENT
 PLAN

By EHS.

John Hyslop

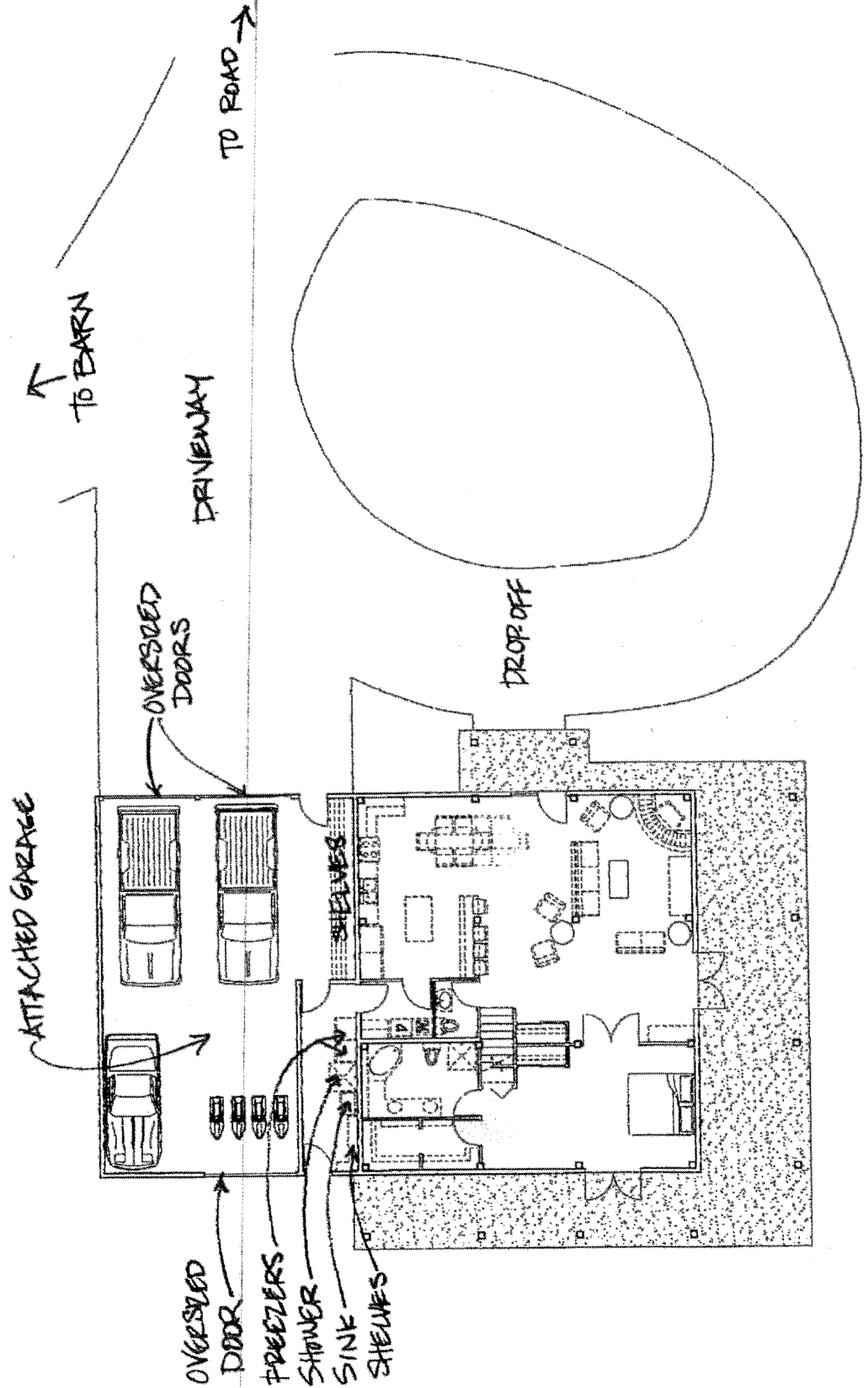


SITE IMPROVEMENT PLAN

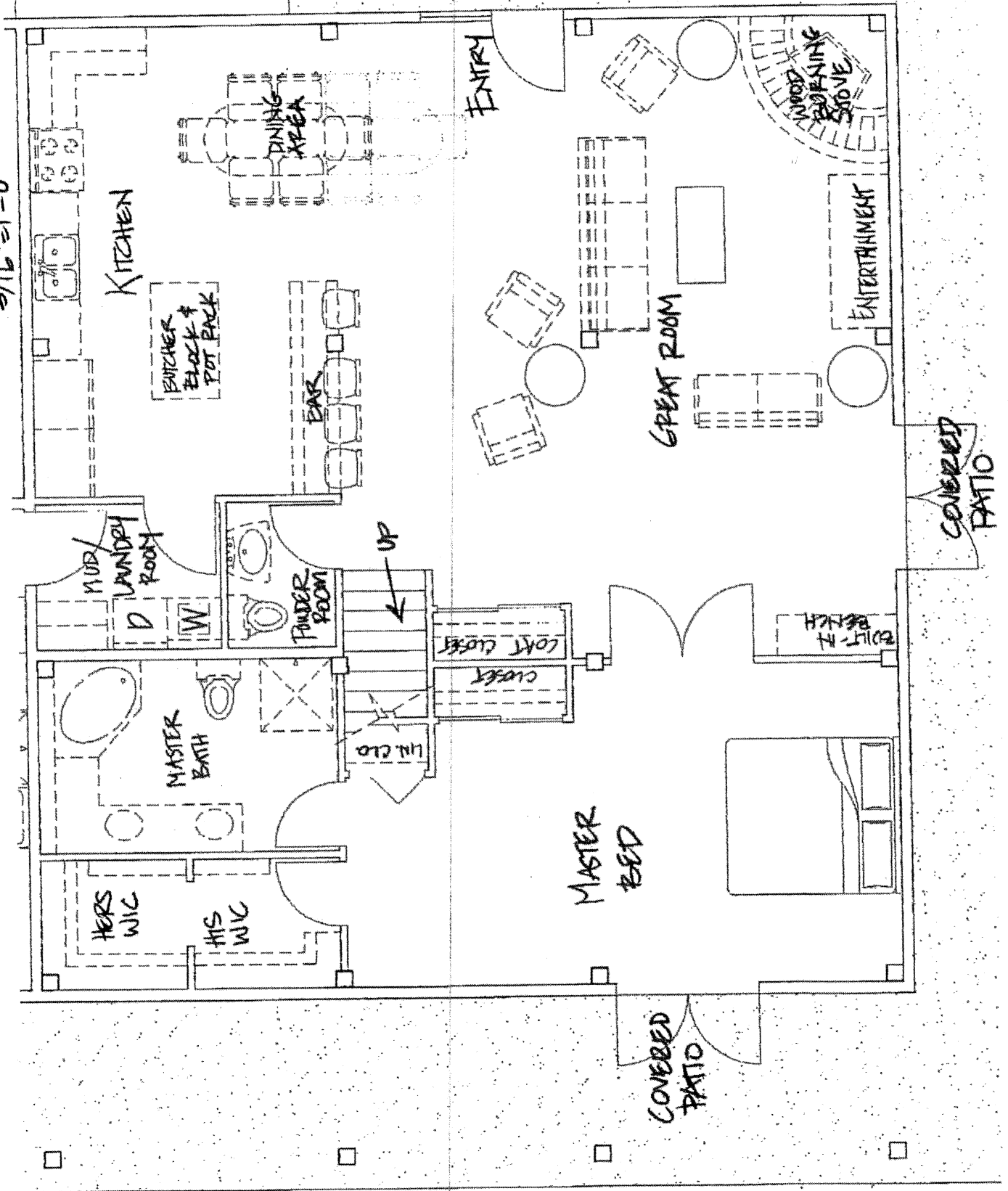
SCALE 1"=100'-0"

OVERALL PLAN

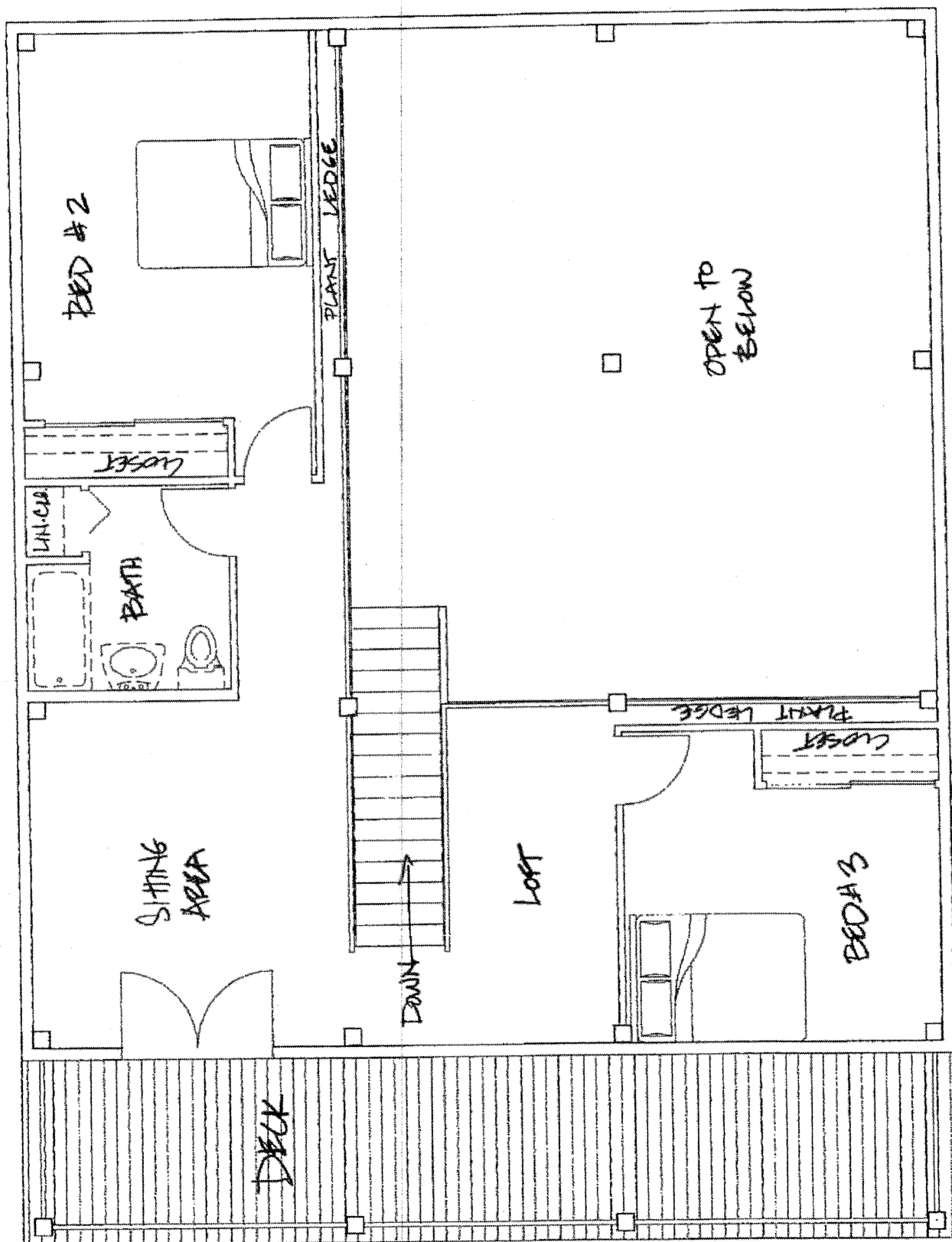
1/16" = 1'-0"



1ST FLOOR
3/16"=1'-0"



2ND FLOOR
3/16" = 1'-0"



BUILDING PERMIT APPLICATION

City Of Salmon ☐Lemhi County ☒

Permit No. #

APPLICANT TO COMPLETE

ORIGINAL

UNSHADED AREAS ONLY

Parcel No.		Job Address	
1. Legal Description	Lot:	Block:	Subdivisions: <u>LICK CREEK</u> <u>Description Attached</u>
2. Owner: <u>SCOTT BON ACCI</u>	Address: <u>3363 LOWELL LA</u>	City, State, Zip Code: <u>ERIE, CO 80534</u>	Telephone: <u>303-430-4690</u>
3. Contractor:	Address:	City, State, Zip Code:	Telephone:
4. Architect or Engineer: <u>LIZ VANDS</u>	Address: <u>11442 MAISON ST</u>	City, State, Zip Code: <u>HENDERSON, CA, 94546</u>	Telephone: <u>303-261-4494</u>
5. Lender: <u>Bill Allen</u>	Address:	City, State, Zip Code:	Telephone: <u>208 756 2714</u> ?
6. Class of Work:	GRADING <input checked="" type="checkbox"/> NEW	ADDITION	ALTERATION
	REPAIR	MOVE	DEMOLISH
7. Describe Work:	<u>NEW HOME WITH ATTACHED GARAGE & 40x40 OUTBUILDING</u> Appropriate plans must be attached.		
8. Use of Structure:	<u>RESIDENTIAL</u>		Valuation:
Is this project being constructed in conformance with the Idaho Residential Energy Standards? <u>Yes</u> No			
Will this project have plumbing? <u>Yes</u> No If Yes, a separate permit is required for plumbing. Contact Don Jakovac 756-3180			
BEFORE A BUILDING PERMIT CAN BE ISSUED a valid sewage disposal permit is required by Idaho Code Title 39, Chapter 1 and Title 39, Chapter 36, and Lemhi County Ordinance No. # 1987-1. If you have obtained a valid sewage permit, please provide us with the permit number. Otherwise please contact Steve Adams with the District Seven Health Department. The phone numbers are 756-2122 or 756-2123			
Sewer Permit No.		NEW <u>X</u> EXISTING	Authorized Signature
Will this project have electricity? <u>Yes</u> No If Yes, a separate permit is required for electrical. Contact Dan Fadness 756-3967			
Is this project in the Flood Plain? Yes <u>No</u> If Yes, Then you must file an Elevation Certificate before this permit is valid.			
Is this project in a wetlands? Yes <u>No</u> If Yes, Then you must have a Delineation Permit from the U.S. ARMY CORPS. 1-208-522-1645 before this permit is valid.			
IF ANY OF THE CONSTRUCTION ABOVE INVOLVES A HOME OCCUPATION, A PLAN OF OPERATION MUST ACCOMPANY THE BUILDING PLAN.			
This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinances of the City of Salmon or Lemhi County, and state and federal law; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval or the approval of previous permits (special use permits, variances, etc.) required.			
This permit expires in 180 days if the activity authorized is not commenced OR if the activity is commenced but abandoned for 180 days at any time before its completion.			
Applicant's Signature		Date: <u>6-1-01</u>	
Zoning District:	Checked for Zoning Compliance:	Fee:	Type Construction: <u>TIMBERFRAME</u>
Lot Size: <u>7.53 AC</u>	Square Feet: <u>215,000</u>	Number Dwelling Units:	Occupancy Group: <u>R1</u>
Conditions Imposed:			
Permit Approved By:	Date:		

Your permit is void if your check does not clear.

Electrical Inspector: Dan Fadness 756-3967

Plumbing Inspector: Don Jakovac 756-3180

ARE WE
BUILDING
NEAR
BOOYE
FLOOD
ZONE?
WETLANDSI THINK THIS AREA IS
FOR COUNTY OFFICIAL

Att. Steve Adams

Amended Building Permit Application

(Permits may only be amended for a change to the original structure- New structures require a new permit)

Original Permit# _____

Applicant to complete
Unshaded areas only

Contractor Registration# _____			
No Contractor Registration Provided: _____			
Name: Gary Bonacci Scott Cell # 303-986-7166			
Purpose for amendment: Add Rost of Home to Foundation permit + Basement will be unfinished			
756 2122 6600 Eastern Idaho Public Health Signature: Steve Adams Date: 7/8/10			
System sized for 1 bedroom Residence Date: 7/8/10			
City of Salmon P&Z Administrator: _____ Date: _____			
Date Original Permit Was Issued	Original Permit Valuation	New Valuation	
_____	_____	_____	
Today's Date	Original Fee	New Total Fee	Difference between original fee and new fee (amount to be paid)
_____	_____	_____	_____
<p>This signature acknowledges that the applicant is requesting to amend the original building permit that was issued for the above stated reasons.</p> <p>This signature acknowledges that all information on this application and the attached plans is true and correct, AND that the activity permitted will be conducted in full compliance with all ordinance of the City of Salmon or Lemhi County, and state and federal law; AND that the activity conducted will be in full compliance with any and all conditions imposed on this permit's approval or the approval of previous permit (special use permits, variances, etc.) requirement.</p> <p>This permit expires in 180 days if the activity authorized is not commenced OR if the activity is commenced but abandoned for 180 days at any time before its completion. Your permit is void if you check does not clear.</p>			
Gary F Bonacci Gary Applicants Signature			Date
Conditions Imposed: _____			
Amended Permit Approved By: _____			Date: _____

Electrical Inspection: (208)332-8970

Plumbing Inspection: (208)322-8966