



**City of Twin Falls
Community Development**

City Hall 2nd Floor
Phone: 208-735-7238
bsdpermits@tfid.org
www.tfid.org

**COMMERCIAL REMODEL, TI, CHANGE OF OCCUPANCY
BUILDING PERMIT APPLICATION**

Application package, and payment, must be complete to be entered into the review queue.
~ See '[Commercial Development Guide](#)' for Submittal Requirements ~

APPLICATION SUBTYPE¹:	<input type="checkbox"/> Remodel	<input type="checkbox"/> TI	<input type="checkbox"/> Change of Occupancy
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PROJECT INFORMATION¹	
Project Name:	New Building Area:
Project Address:	Existing Building Area:
Existing Use:	Total Sq. Footage:
Proposed Use:	Parcel #:
	Est. Project Value:

Project Description:

APPLICANT¹	PRIMARY LICENSED DESIGN PROFESSIONAL¹
Name	Name
Business Name	Business Name
Address	Phone Number
Phone Number	Email
Email	

PROPERTY OWNER¹	LICENSED DESIGN PROFESSIONAL
Name	Name
Business Name	Business Name
Address	Phone Number
Phone Number	Email
Email	

I (*Applicant*) hereby certify that the application package submitted has been prepared in accordance with generally accepted engineering and architectural standards, as well as Federal, State and Local applicable codes and regulations. I have read and reviewed the City of Twin Falls – [Commercial Development Guide](#).
I verify that all required information and documentation are included. The content of this submittal package is true and accurate to the best of my knowledge.

Applicant Signature _____ **Date** _____

If the property owner is not the applicant, provide completed Affidavit of Legal Interest. See form [here](#).

¹ Required
Updated June 30, 2025



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ADDITIONAL CONTACTS

TENANT

Name

Business Name

Phone Number

Email

PROJECT MANAGER

Name

Business Name

Phone Number

Email

REGISTERED CONTRACTOR

Name

Business Name

Phone Number

Email

Registration #:

Expiration Date:

LICENSED DESIGN PROFESSIONAL (STRUCTURAL)

Name

Business Name

Phone Number

Email

OTHER CONTACT

Name

Business Name

Phone Number

Email



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REQUIRED ITEMS¹:

Required at time of Submittal. Each item must be addressed. Criteria outlined below, is **not** all inclusive. See '[Commercial Development Guide](#)' for submittal content items.

Completed & Signed Application¹ – Document

Construction Plan Sheets¹ – Plans

SHEET PREFIX	DISCIPLINE	SHEET PREFIX	DISCIPLINE
G	Contact Information/Cover/General Notes	E	Electrical
C	Civil – <i>If requesting a new water or sewer connection</i>	M	Mechanical
D	Demolition	P	Plumbing
A	Architectural	S	Structural
LS	Life Safety		

Calculations¹ – Document

Supplemental Information¹ – Document

[Signed Affidavit of Legal Interest](#) — *If Owner ≠ Applicant* — See Commercial Development Guide Appendix

Development Agreement — **Required for any Public Infrastructure** — See Commercial Development Guide Appendix

Sewer Capacity Fee Worksheet — See Commercial Development Guide Appendix

PREFERRED STANDALONE SHEETS:

Construction Plans – Plans

SHEET PREFIX	DISCIPLINE
FP	Fire Protection

NOTICE

Applications for any proposed work shall be deemed abandoned after 180 days, based on date of filing, unless such application has been pursued in good faith, or a permit has been issued. You may be granted an extension for additional time, not to exceed 90 days. Extensions shall be requested in writing. Justifiable cause shall be demonstrated.

IBC section 105.3

*****Fire Sprinkler, Fire Alarm, and Elevator Plans to be submitted to the State of Idaho for Review*****

¹Required
Updated July 16, 2025