



CONSULTATION APPLICATION

For Office Use

Permit Number: _____

1. Applicant

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

2. Consultation Description

Property Owner: _____

Property Address: _____ City: _____ State: _____ Zip Code: _____

Date and time would you like to meet: _____

Purpose of consultation: _____

APPLICANT'S SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and I swear that any information which may hereafter be given by me in hearings before the Planning and Zoning Commission or the City Council for the City of Rexburg shall be truthful and correct. I agree to comply with all City regulations and State laws relating to the subject matter of this application and hereby authorized representatives of the City to enter upon the above-mentioned property for inspections purposes. NOTE: The building official may revoke a permit on approval issued under the provisions of the 2012 International Code in cases of any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based. Permit void if not started within 180 days. Permit void if work stops for 180 days.

Applicant's Name (print): _____ Signature: _____ Date: _____