



### APPLICATION FOR HOMEOWNER PERMIT

DBS use only

P#
Date:

Please fill out this application completely and submit with payment. If you have questions or need assistance completing the application, please call the Division of Building Safety. Please note: permit fees are non-refundable and non-transferable.

HOMEOWNERS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I WOULD LIKE THE ABOVE INFORMATION TO BE UPDATED ON MY LICENSE RECORD.

#### SELECT THE METHOD YOU WISH TO RECEIVE YOUR PERMIT:

EMAIL  MAIL  FAX

DESCRIPTION OF WORK: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

(If known) LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

OWNER EMAIL ADDRESS: \_\_\_\_\_

IS THIS A STATE-OWNED FACILITY? YES  NO  JOB NAME: \_\_\_\_\_

DIRECTIONS TO JOB SITE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AN ADDITIONAL \$65 FEE MAY BE ASSESSED** if the location is not clearly given either by directions or an attached map.

**THIS PERMIT APPLICATION IS NOT AN INSPECTION REQUEST:** Please call 1-800-839-9239 or go to [dbs.idaho.gov](http://dbs.idaho.gov)

to schedule your inspection. *It is the responsibility of the permit holder to arrange access to the premises with the property owner in order for DBS to perform the inspection.*

We Accept: cash, check, money order, Visa and MasterCard  
Make checks payable to the Division of Building Safety or DBS

GRAND TOTAL FEES PAID\*

\*Please use the worksheet on page 2 to determine the total fees and enter the amount to be paid here.

**PUBLIC RECORDS NOTICE** – Business information such as your company address and phone number is regarded as public information according to the Idaho Public Records Act. Your business address and phone number may be provided to a third party upon written request.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_



## PLUMBING PERMIT WORKSHEET (FEE SCHEDULE)

This worksheet must accompany the Homeowner Application. Use this worksheet to calculate the fees and transfer the grand total to the application.

### RESIDENTIAL

<b>New: Single Family Dwelling</b> , including all buildings with plumbing being constructed on each property. * Based on living space ( <i>see definition below</i> ) <ul style="list-style-type: none"> <li>o Up to 1,500 sq.ft. \$130</li> <li>o 1,501 to 2,500 sq.ft. \$195</li> <li>o 2,501 to 3,500 sq.ft. \$260</li> <li>o 3,501 to 4,500 sq.ft. \$325</li> <li>o Over 4,500 sq.ft. \$325 plus \$65 for each additional 1,000 sq.ft. or portion thereof                \$325 + (\$65 x # of additional 1,000 sq.ft. or portion thereof)</li> </ul> <p style="text-align: right; margin-right: 50px;">Total Square Footage _____</p>	\$ _____  \$ _____ \$ _____
<b>New: Multi-Family Dwelling</b> <ul style="list-style-type: none"> <li>o Duplex Apartment \$260</li> <li>o Three or more multi-family units: \$130 per building plus \$65 per unit (<i>Contractors Only</i>)                (\$130 x # of buildings) + (\$65 x # of units)</li> </ul>	\$ _____
<b>Existing:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Residence:</b> \$65 fee plus \$10 per additional fixture. Fee shall not exceed 'New' square footage fee</li> <li><input type="checkbox"/> <b>Detached Shop:</b> \$65 fee plus \$10 per additional fixture. Fee shall not exceed 'New' square footage fee</li> </ul>	\$ _____
<b>Sewer &amp; Water:</b> <input type="checkbox"/> \$65 Sewer Line <input type="checkbox"/> \$65 Water Line <input type="checkbox"/> \$65 Sewer & Water – if inspected at the same time <input type="checkbox"/> \$65 Sewer turnaround/domestic water (change from septic to city, water re-pipe under house)	\$ _____
<input type="checkbox"/> <b>Modular, Manufactured or Mobile Homes:</b> \$65 for sewer and water stub connections	\$ _____
<input type="checkbox"/> <b>Lawn Sprinklers:</b> \$65	\$ _____
<input type="checkbox"/> <b>Fire Sprinkler:</b> \$65 fee or \$4 per sprinkler head, whichever is greater	\$ _____
<input type="checkbox"/> <b>Requested Inspection:</b> \$65	\$ _____
<input type="checkbox"/> <b>Water Heater Replacement (only):</b> \$65	\$ _____
<input type="checkbox"/> <b>Water Conditioning Equipment:</b> \$65	\$ _____
<input type="checkbox"/> <b>Plan Check:</b> \$65 per hour	\$ _____

**GRAND TOTAL: \$** \_\_\_\_\_  
*Please transfer this fee to your application*