



### APPLICATION FOR CONTRACTOR 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.

COMPANY NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

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 for DBS to perform the inspection. \*Inspections may not occur on date requested.***

We Accept: cash, check, money order, Visa and MasterCard Make checks payable to the Division of Building Safety or DBS	GRAND TOTAL FEES PAID*	
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\*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: \_\_\_\_\_



# ELECTRICAL PERMIT WORKSHEET (FEE SCHEDULE)

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

## RESIDENTIAL

**Total \$**

• <b>Temporary Construction Services ONLY</b> (200 amp or less, one location): \$65	\$
• <b>New Residential: Single Family Dwelling</b> , including all associated outbuildings in connection with primary or secondary residence. * Based on living space (see definition below) <input type="checkbox"/> Up to 1,500 sq.ft. \$130 <input type="checkbox"/> 1,501 to 2,500 sq.ft. \$195 <input type="checkbox"/> 2,501 to 3,500 sq.ft. \$260 <input type="checkbox"/> 3,501 to 4,500 sq.ft. \$325 <input type="checkbox"/> 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 ) Total Square Footage _____	\$ _____
• <b>Manual S, J, &amp; D Review - \$25</b> (Required when installing the primary heating and/or cooling system)	
• <b>New: Multi-Family Dwelling</b> <input type="checkbox"/> Duplex Apartment \$260 <input type="checkbox"/> Three or more multi-family units: \$130 per building plus \$65 per unit ( \$130 x # of buildings ) + ( \$65 x # of units )	\$ _____
<input type="checkbox"/> <b>Existing Residence</b> <input type="checkbox"/> <b>Modular, Manufactured or Mobile Homes</b> <input type="checkbox"/> <b>Detached Shop:</b> \$65 fee plus \$10 per additional branch circuit, up to the maximum of the corresponding sq.ft. of the building (one circuit is included in the \$65.00) \$65 + ( \$10 x # of additional branch circuits )	\$ _____
• <b>Residential Electric Space Heating and Air Conditioning</b> \$65.00	\$ _____
• <b>Pumps-Water, Irrigation, Sewage</b> (each motor): <input type="checkbox"/> \$65 up to 25HP <input type="checkbox"/> \$95 - 26 to 200HP <input type="checkbox"/> \$130 over 200HP Phase inverters and roto phase equipment, please use the <i>Other Installation including Commercial/Industrial</i> fee in addition to the pump motor fee.	\$ _____
• <b>Residential Spas, Hot Tubs, Hydro Massage Tubs and Swimming Pools:</b> \$65 fee for each trip to inspect • Use Other Installations below for non-residential installations	\$ _____
• <b>Signs/Outline Lighting:</b> <input type="checkbox"/> Signs - \$65 per sign <input type="checkbox"/> Outline Lighting - \$65 per occupancy	\$ _____
• <b>Temporary Amusement:</b> \$65 fee plus \$10 per ride, concession, or generator \$65 + ( \$10 x # of ride/concession/generator )	\$ _____
• <b>Irrigation Machine:</b> \$65 for center pivot plus \$10 per tower or drive motor \$65 + ( \$10 x # of tower/drive motor )	\$ _____
<input type="checkbox"/> <b>Requested Inspection</b> (Findings or Inspector Consultation) Contractor cannot call in for power off over 1 year. \$65.00 per hr	\$ _____
• <b>Small Works:</b> \$10 fee for work not exceeding \$500 in cost and not involving a change in service connections. This Permit is not applicable to those installations where an inspection is required or requested; no inspection is included in the \$10 fee.	\$ _____

## OTHER INSTALLATIONS including COMMERCIAL/INDUSTRIAL/SOLAR/RENEWABLE ENERGY

<p>• The fees listed under this inspection type shall apply to any and all electrical installations not specifically mentioned elsewhere on this form. This shall include all labor, materials, equipment, overhead and profit, as well as all labor, materials, and equipment supplied by others. The project value cannot be reduced by labor, material or equipment that is donated or supplied by others. At the time of "Final" inspection, the Scope of Work, valuation, and permit fees will be verified.</p> <p>• <b>Check here if this is a Solar, Renewable Energy, power generation, power production, or energy storage systems:</b> _____</p> <p><b>Total cost of electrical system (Job Value Amount):</b> \$ _____</p> <p><input type="checkbox"/> <b>Up to \$10,000:</b> ( total cost of system x 0.02 ) + 60 = \$</p> <p><input type="checkbox"/> <b>Between \$10,001 - \$100,000:</b> ( (total cost of system – 10,000) x 0.01 ) + \$260 = \$</p> <p><input type="checkbox"/> <b>Over \$100,001:</b> ( (total cost of system – 100,000) x 0.005 ) + \$1,160 = \$</p> <p>Renewable Energy: Requires plan check prior to final inspection.</p>	\$ _____
<p><b>**Please note: We now require the submission of the final verified contract value on any non-residential project valued at \$100,000 or more. This facilitates the determination of the final permit fee and allows for the refunding of excess fees if the contract value has been reduced. Please make sure you submit this valuation information before requesting a final inspection, as permits will not be closed until the information is verified. You may email to <a href="mailto:customer.service@dbs.idaho.gov">customer.service@dbs.idaho.gov</a> or fax: 1-877-810-2840. Please ensure your permit number and job address is indicated.</b></p>	

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

\* Living Space – space within a dwelling unit intended for human habitation which may reasonably be utilized for sleeping, eating, cooking, bathing, washing, recreation, and sanitation purposes. An unfinished basement is considered part of the living space.



## CREDIT CARD AUTHORIZATION FORM

Idaho Division of Building Safety  
1090 E. Watertower St. Suite 150  
Meridian, ID 83642  
Phone: 1-800- 955-3044 Fax: 1-877- 810-2840  
Email: [customer.service@dbs.idaho.gov](mailto:customer.service@dbs.idaho.gov)

I \_\_\_\_\_, authorize **The State of Idaho,**  
(Please Print Card Holders Name)

**Division of Building Safety,** to charge my credit/debit card account in the amount of \$ \_\_\_\_\_

*\*Please note there is an additional 3% charge for the use of your card through Access Idaho.*

### **This payment is for:**

License Application Fee \_\_\_\_\_  
Applicant Name

New Permit Fee \_\_\_\_\_  
Job Site Address

License Renewal Fee \_\_\_\_\_  
License Number

Fee Due on Existing Permit \_\_\_\_\_  
Permit Number

New License Fee \_\_\_\_\_  
Applicant Name

Other \_\_\_\_\_  
Please Provide Detailed Information

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Contact Phone Number**

\_\_\_\_\_  
**Email Address for Receipt (Optional)**

### **All Fields Below Are Required**

Credit/Debit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC # \_\_\_\_\_

Billing Address Zip Code: \_\_\_\_\_

*\*Your card information will not be retained for future transactions*