



### 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.

HOMEOWNER NAME: \_\_\_\_\_

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

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

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

**EMAIL ADDRESS (REQUIRED):** \_\_\_\_\_

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

**EMAIL**  **MAIL**  **FAX**

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

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

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

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

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

**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, MasterCard, American Express and Discover. 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.

I certify that I am the owner of the residential property and will personally perform the work covered by this permit. I recognize this permit is only valid for work on a primary or secondary residence and associated outbuildings not used for commercial purposes or rented by a tenant. By signing this, I accept responsibility for all the work being performed, and understand that all work must be inspected by the Division of Building Safety. I attest that I have read DBS guidelines concerning electrical installations being performed by homeowners. [https://dbs.idaho.gov/programs/electrical/guidelines/homeowner\\_guidelines.html](https://dbs.idaho.gov/programs/electrical/guidelines/homeowner_guidelines.html)

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

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

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





## 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*