



STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

P.O. BOX 83720
Boise, Idaho 83720-0063
(208)334-3950

APPLICATION FOR CONTRACTOR PERMIT

As of January 1, 2023, all permits will need to be purchased Online at DBS.IDAHO.GOV

P#	DOPL use only
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 Occupational and Professional Licenses. Please note: permit fees are **non-refundable** and **non-transferable**.

HOMEOWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

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

SELECT THE METHOD YOU WISH TO RECEIVE YOUR PERMIT:

(Please Circle One):

EMAIL

MAIL

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.

We Accept: cash, check, money order, Visa and MasterCard Make checks payable to the Division of Occupational and Professional Licenses (DOPL)

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.

THIS PERMIT APPLICATION IS NOT AN INSPECTION REQUEST

AS OF JANUARY 1, 2023, ALL PERMITS WILL NEED TO BE PURCHASED ONLINE AT DBS.IDAHO.GOV

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 Occupational and Professional Licensing.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____



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dopl.idaho.gov
dbs.idaho.gov

ELECTRICAL 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

Total \$

<ul style="list-style-type: none"> New: Single Family Dwelling, including all associated outbuildings in connection with primary or secondary residence. <ul style="list-style-type: none"> * Based on living space (see definition below) <ul style="list-style-type: none"> <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 \times \# \text{ of additional } 1,000 \text{ sq.ft. or portion thereof})$ Manual S, J, & D Review - \$25 (Required when installing the primary heating and/or cooling system) 		\$ _____
<input type="checkbox"/> Existing Residence <input type="checkbox"/> Modular, Manufactured or Mobile Homes <input type="checkbox"/> Detached Shop: \$65 fee plus \$10 per additional branch circuit, up to the maximum of the corresponding sq. of the building (one circuit is included in the \$65.00) $\$65 + (\$10 \times \# \text{ of additional branch circuits})$		\$ _____
<input type="checkbox"/> Temporary Construction Services Only (200 amp or less, one location):	\$65.00	\$ _____
<input type="checkbox"/> Pumps – Water, Irrigation, Sewage (each motor):	\$65.00 up to 25HP	\$ _____
<input type="checkbox"/> Plan Check Fee: \$65 per hour, required for grid connected renewable energy prior to the purchase of the electrical installation permit		\$ _____
<input type="checkbox"/> Requested Inspection (for realtor request for energize service, Findings, Inspector Consultation)	\$65.00 per hr.	\$ _____
<input type="checkbox"/> Residential Spas, Hot Tubs, Swimming Pools	\$65.00 per trip	\$ _____
<input type="checkbox"/> Residential Electric Space Heating and Air Conditioning	\$65.00	\$ _____

OTHER INSTALLATIONS including SOLAR/RENEWABLE ENERGY

<ul style="list-style-type: none"> 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. Check here if this is a Solar, Renewable Energy, power generation, power production, or energy storage systems: _____ 		\$ _____
Total cost of electrical system (Job Value Amount): \$ _____ <input type="checkbox"/> Up to \$10,000: (total cost of system x 0.02) + 60 = \$ _____ <input type="checkbox"/> Between \$10,001 - \$100,000: ((total cost of system – 10,000) x 0.01) + \$260 = \$ _____ <input type="checkbox"/> Over \$100,001: ((total cost of system – 100,000) x 0.005) + \$1,160 = \$ _____		\$ _____
<ul style="list-style-type: none"> Non-Grid Connected Renewable Energy: requires plan check included with cost of permit. Grid Connected Renewable Energy: requires plan check permit number first, please contact the Division of Occupational and Professional Licensing Office at 1-800-955-3044 with your plan check permit number to add the installation fees. 		\$ _____

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.

STATE OF IDAHO
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CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational and Professional
Licenses
P.O. BOX 83720
BOISE, ID 83720-0063
Phone:(208)334-3950
Email: customer-service@dopl.idaho.gov

Please email or mail all license applications, permit applications, fees, or forms to the Boise office.

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

Division of Occupational and Professional Licenses, to charge my credit card account in the amount
of \$_____.

This payment is for _____.
(Individual/Company's name payment needs to be applied towards.)

- Elevator Fee** – State ID Number _____ **License Fee** – License Number _____
- Permit Number** _____ **Application:** PERMIT LICENSE
- NOV Case Number** _____ **Other** _____

Cardholder's Signature

Date

All Fields Below Are Required

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Debit Cards Accepted – Processed as a Credit

Credit Card Number: _____

Billing Address Zip Code: _____

Expiration Date: _____/_____/_____ CVC # _____
(CVC: Card Verification Code) this is the 3digit code located on the back of your card

Contact Phone Number _____

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