



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: _____



HOMEOWNER HVAC PERMIT FEE SCHEDULE

This worksheet must accompany the Homeowner Application. Use this worksheet to calculate total fees.

RESIDENTIAL

Type	Fee	Total
Base Permit	\$100 (Required)	\$100
Furnace, air conditioner, heat pump, evaporative cooler, unit heater, space heater, boiler (not supplying potable water), pool heater, mini-split system, free-standing gas or solid-fuel stove, gas fireplace, HRV, ERV or any other permanent space conditioning appliance used for human comfort. This includes all associated ducts and flues attached thereto.	\$30 for first appliance Plus \$15 per additional appliance.	\$ _____ \$ _____
Exhaust duct or ventilation duct: dryer ducts, range hood ducts, bath fan ducts, crawl exhaust ducts and similar exhaust ducts or ventilation ducts.	\$15 for first duct Plus \$5 per additional duct	\$ _____ \$ _____
Fuel gas piping	\$5 per appliance outlet	
Hydronic system (Does not include Boiler-See above)	\$5 per zone	\$ _____
Manual S, J, & D Review required when installing the primary heating and/or cooling system in a NEW single or two-family dwelling	\$25	\$ _____

TOTAL: \$ _____

Miscellaneous (Base fee not required)

Requested inspection	\$65 per hour or portion thereof.	\$ _____
Mobile, Manufactured, or Modular Home (Initial set-up only)	\$65	\$ _____

TOTAL: \$ _____

We accept cash, check, money order, and credit/debit cards.
If paying by check, make check payable to Division of Occupational and Professional Licensing or DOPL. If paying by card, please include a completed credit card authorization form.

STATE OF IDAHO
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES



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.