



STATE OF IDAHO DIVISION OF BUILDING SAFETY

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RENEWAL FOR PLUMBING PERMIT HOLDER ACCOUNT

***Required Field**

PLEASE PRINT

*Applicant (Owner) Name: _____

*Company Name: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*Social Security Number: _____ *Contact Phone Number(s): _____

*E-Mail Address: _____

I am responsible for updating any information in writing to the Division of Building Safety. I will be held accountable for any fees, purchases or fines that have been issued to my account.

* _____
Signature of Applicant (Owner) **Date**

AUTHORIZED SIGNATURES FOR PERMIT HOLDER ACCOUNT (if any changes)

Completion of this form allows the account-holder to designate a maximum of two authorized individuals who will be allowed to conduct transactions (sign permits, schedule/cancel inspections, etc.) under this contractor's license.

Printed Name of 1st Designee Signature

Printed Name of 2nd Designee Signature