



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

to schedule your inspection. *It is the responsibility of the permit holder to arrange access to the premises with the property owner in order for DBS to perform the inspection.*

We Accept: cash, check, money order, Visa and MasterCard
Make checks payable to the Division of Building Safety or DBS

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.

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

