



## PLAN REVIEW APPLICATION

Required Fields are Outlined in Red      All Requests for Plan Review Services Shall at Such Time be Accompanied by Payment      This Application is Not for Modular Buildings

Applicant	Address, City, State, Zip Code	Phone	Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Design Professional	Address, City, State, Zip Code	Phone	Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Property Owner	Address, City, State, Zip Code	Phone	Email
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Project Type (Check Only One)	
<input type="checkbox"/> Public School K-12 <input type="checkbox"/> DPW <input type="checkbox"/> Other State Building <input type="checkbox"/> Other	<i>The Division of Occupational and Professional Licenses is responsible for projects owned by the State of Idaho or any of its departments or agencies. Please note that State projects require a separate building permit after the plans have been approved. DOPL does NOT issue building permits for projects not owned by the State. Contact the local government for these projects.</i>

Plan Review Contact Information (Email Address is Required)				
Name	Phone	Email Address		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Building Name and Address	City	County	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Project Description		Bill via State Interagency?	
<div style="border: 1px solid red; height: 100px; width: 100%;"></div>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		DPV <input style="width: 100%;" type="text"/>	
Fire Sprinkler System Yes    No		Climate Zone 5    6	
Total Building Area (sf) <input style="width: 100%;" type="text"/>		Elevator Yes    No	
Design ground snow load (Pg) (P/sf) <input style="width: 100%;" type="text"/>		Design wind speed (mph & Exp.) <input style="width: 100%;" type="text"/>	
Seismic Design Category <input style="width: 100%;" type="text"/>			

Total Construction Value \$ <input style="width: 100%;" type="text"/>	Plan Review Fee Per Table \$ <input style="width: 100%;" type="text"/>	
Fee Schedule / Online Calculator: <a href="https://dbs.idaho.gov/programs/building-program/">https://dbs.idaho.gov/programs/building-program/</a>		
Applicant's Name	Firm/Company	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Email completed applications to: [bcre-permits@dopl.idaho.gov](mailto:bcre-permits@dopl.idaho.gov)**

By submitting this form, you agree that you have verified that this application is complete and accurate. **All requests for plan review services from the Division of Occupational & Professional Licenses shall at such time be accompanied by payment.** If the project is to be billed via interagency, please ensure you marked yes to the appropriate question above. To make a payment via credit card please submit the credit card authorization form. After the payment has been processed, you will receive an email invitation from Project Dox to electronically upload your drawings and documents for plan review. Call (208) 334-3233 with any questions regarding the plan review and permitting process.



## CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational & Professional Licenses  
11341 W Chinden Blvd, Bldg #4  
Boise, ID 83714  
Phone: 208-334-3950  
Email: [customer-service@dopl.idaho.gov](mailto:customer-service@dopl.idaho.gov)

I, \_\_\_\_\_, authorize The State of Idaho Division of Occupational & Professional Licenses 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> License/Registration Application Fee | <input type="checkbox"/> License Renewal Fee           |
| <input type="checkbox"/> New Permit Fee                       | License Number: _____                                  |
| <input type="checkbox"/> New License Fee                      | <input type="checkbox"/> Notice of Violation (NOV) Fee |
| <input type="checkbox"/> Fee Due on Existing Permit           | Case Number: _____                                     |
| Permit Number: _____  | <input type="checkbox"/> Other: _____                  |

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Credit Card Number:

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Expiration Date:

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CVC:

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Billing Address Zip Code:

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Cardholder Signature

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Date

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Phone Number

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Email Address for Receipt