### STATE OF IDAHO DIVISION OF OCCUPATIONAL AND **PROFESSIONAL LICENSES** DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES

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

### **APPLICATION FOR HOMEOWNER PERMIT**

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

				P#	DOPL use on
				Date:	
Please fill out this application complete					
please call the Division of Occupation	al and Profession	al Licenses. Ple	ase note: permit fees	are <b>non-refundable</b> and	non-transferable.
HOMEOWNER NAME:					
MAILING ADDRESS:					
CITY:		STAT	E:	ZIP:	
PHONE:					
EMAIL ADDRESS:					
I WOULD LIKE THE ABOVE INFO	RMATION TO BE	E UPDATED ON	MY LICENSE RECO	RD.	
SELE	СТ ТНЕ МЕТНО	DD YOU WISH	TO RECEIVE YOU	R PERMIT:	
(Please Circle	One):	EMAIL	MAIL		
DESCRIPTION OF WORK:					
JOB SITE ADDRESS:				,	
CITY:		ZIP:_		COUNTY:	
DIRECTIONS TO JOB SITE:					
(If known) LOT: BI	_OCK:	_ SUBDIVI	SION:		
AN ADDITIONAL \$65 FEE	MAY BE ASSESS	ED if the location is	not clearly given either	by directions or an attached	map.
We Accept: each abook manay order Vice		laka abaaka		1	1
We Accept: cash, check, money order, Visa payable to the Division of Occupational and			GRAND TO	TAL FEES PAID*	
*Please use the worksheet on page	2 to determine	the total fees a	nd enter the amour	t to be paid here.	
<b>PUBLIC RECORDS NOTICE</b> – B information according to the Idaho Public Re	usiness information	n such as your co	ompany address and pl	none number is regarded a	as public
THIS PERMIT APPLICATION IS N				orovided to a trillid party upor	n whiten request.
AS OF JANUARY 1, 2023, ALL PI					OV
AS OF JANUART 1, 2023, ALL FI	ERIVITI SI VVILLIN		UKCHASED UNLI	NE AT DBS.IDAHO.G	
I certify that I am the owner of the residential p on a primary or secondary residence and asso responsibility for all the work being performed	ciated outbuildings r	not used for comme	rcial purposes or rented b	y a tenant. By signing this, I a	ccept
SIGNATURE:			DATE	≣:	

OPL



# STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESIONAL LICENSES

P.O. BOX 83720 Boise, Idaho 83720-0063 (208)334-3950 <u>dopl.idaho.gov</u> <u>dbs.idaho.gov</u>

## 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.

RE	SIDENTIAL		Total \$
	ew: Single Family Dwelling, including all associated outbuildings in connection with p	rimary or secondary	
re			
	* Based on living space (see definitionbelow)		
	□ Up to 1,500 sq.ft. \$130		\$
	□ 1,501 to 2,500 sq.ft. \$195 Total Square Footage		· ·
	$\Box$ 2,501 to 3,500 sq.ft. \$260		
	$\square$ 3,501 to 4,500 sq.ft. \$325	n than a f	
	□ Over 4,500 sq.ft. \$325 plus \$65 for each additional 1,000 sq.ft. or portio	n thereof	
	\$325 + ( \$65 x <u># of additional 1,000 sq.ft. or portion thereof</u> )		
•	Manual S, J, & D Review - \$25 (Required when installing the primary heating and/or cooling sy	/stem)	
	Existing Residence	•	
		eu Shop.	
	\$65 fee plus \$10 per <u>additional b</u> ranch circuit, up to the maximum of the correspon	dina sa. of the	\$
	building (one circuit is included in the \$65.00)		Ψ
	\$65 + ( \$10 x <u># of additional branch circuits</u> )		
		<b>Фо</b> г оо	
	Temporary Construction Services Only (200 amp or less, one location):	\$65.00	\$
	Pumps – Water, Irrigation, Sewage (each motor):	\$65.00 up to 25HP	\$
_			
	Plan Check Fee: \$65 per hour, required for grid connected renewable energy prior to	the purchase of	\$
	the electrical installation permit		Ψ
	Requested Inspection		
	(for realtor request for energize service, Findings, Inspector Consultation)	\$65.00 per hr.	\$
	Residential Spas, Hot Tubs, Swimming Pools	\$65.00 per trip	\$
	Residential Electric Space Heating and Air Conditioning	\$65.00	\$
1			

### OTHER INSTALLATIONS including SOLAR/RENEWABLE ENERGY

<ul> <li>The fees listed under this inspection type shall apply to any and all this form. This shall include all labor, materials, equipment, overhea by others. The project value cannot be reduced by labor, material "Final" inspection, the Scope of Work, valuation, and permit fees wi</li> </ul>	d and profit, as well as all labor, materials, and equipment supplied or equipment that is donated or supplied by others. At the time of	
Check here if this is a Solar, Renewable Energy, power generation	ation, power production, or energy storage systems:	\$
Total cost of electrical system (Job Value □ Up to \$10,000: (total	Amount): \$ cost of system x 0.02 ) + 60 = \$	
□ Between \$10,001 - \$100,000: ((total cos	t of system – 10,000) x 0.01 ) + \$260 =\$	1
□ <b>Over \$100,001:</b> ( (total	cost of system – 100,000) x 0.005 ) + \$1,160 =\$	1
• Non-Grid Connected Renewable Energy: requires pl	an check included with cost of permit.	1
<ul> <li>Grid Connected Renewable Energy: requires plan che Occupational and Professional Licensing Office at 1-800-955-3 installation fees.</li> </ul>	ck permit number first, please contact the Division of 3044 with your plan check permit number to add the	<u>\$</u>

### 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 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.

Ι		, authorize <b>The State of Idaho</b> ,			
	(Please Print Card Holders Name)				
<b>Division of Occupa</b> of \$		icenses, to charge my credit card account in the amount			
This payment is for	(Individual/Company's name	e payment needs to be applied towards.)			
	tate ID Number				
Dermit Number		□ Application: □ PERMIT □ LICENSE			
□ NOV Case Numl	ber	— Other			
Cardholder's Signature		Date			
l Fields Below Are Requ	ired				
□ VISA	□ MASTERCARI	D DISCOVER D AMERICAN EXPRESS			
	Debit Card	s Accepted – Processed as a Credit			
Credit Card Number	r:				
		CVC # (CVC: Card Verification Code) this is the 3digit code located on the back of your card			
Contact Phone Num	ber				

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