



STATE OF IDAHO DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

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

APPLICATION FOR HOMEOWNER PERMIT

DOPL use only

For quicker service, Permits and Inspections can be obtained Online. Please go to DBS.IDAHO.GOV

Form with fields for P# and 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.

HOMEOWNER NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

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

THIS PERMIT APPLICATION IS NOT AN INSPECTION REQUEST

Table with 2 columns: Payment instructions and 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.

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.

DATE: _____

SIGNATURE: _____ PRINTED NAME: _____



PLUMBING 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.

RESIDENTIAL

<p>New: Single Family Dwelling, including all buildings with plumbing being constructed on each property. * Based on living space (<i>see definition below</i>)</p> <ul style="list-style-type: none"> o Up to 1,500 sq.ft. \$130 o 1,501 to 2,500 sq.ft. \$195 o 2,501 to 3,500 sq.ft. \$260 o 3,501 to 4,500 sq.ft. \$325 o Over 4,500 sq.ft. \$325 plus \$65 for each additional 1,000 sq.ft. or portion thereof \$325 + (\$65 x # of additional 1,000 sq.ft. or portion thereof) <p style="text-align: right;">Total Square Footage _____</p> <p><i>*Living Space – space within a dwelling unit utilized for sleeping, eating, cooking, bathing, washing, recreation, and sanitation purposes. An unfinished basement is considered part of the living space.</i></p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>
<p>New: Multi-Family Dwelling</p> <ul style="list-style-type: none"> o Duplex Apartment \$260 o Three or more multi-family units: \$130 per building plus \$65 per unit (<i>Contractors Only</i>) (\$130 x # of buildings) + (\$65 x # of units) 	<p>\$ _____</p>
<p>Existing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Residence: \$65 fee plus \$10 per additional fixture. Fee shall not exceed 'New' square footage fee <input type="checkbox"/> Detached Shop: \$65 fee plus \$10 per additional fixture. Fee shall not exceed 'New' square footage fee 	<p>\$ _____</p>
<p>Sewer & Water: <input type="checkbox"/> \$65 Sewer Line <input type="checkbox"/> \$65 Water Line <input type="checkbox"/> \$65 Sewer & Water – if inspected at the same time <input type="checkbox"/> \$65 Sewer turnaround/domestic water (change from septic to city, water re-pipe under house)</p>	<p>\$ _____</p>
<input type="checkbox"/> Modular, Manufactured or Mobile Homes: \$65 for sewer and water stub connections	\$ _____
<input type="checkbox"/> Lawn Sprinklers: \$65	\$ _____
<input type="checkbox"/> Fire Sprinkler: \$65 fee or \$4 per sprinkler head, whichever is greater	\$ _____
<input type="checkbox"/> Requested Inspection: \$65	\$ _____
<input type="checkbox"/> Water Heater Replacement (only): \$65	\$ _____
<input type="checkbox"/> Water Conditioning Equipment: \$65	\$ _____
<input type="checkbox"/> Plan Check: \$65 per hour	\$ _____

GRAND TOTAL: \$ _____

Please transfer this fee to your application

STATE OF IDAHO
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational and Professional
Licenses
P.O. BOX 83720-0063
BOISE, ID 83720
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.