



Minidoka County Mechanical Permit Application

715 G Street P.O. Box 368, Rupert, Idaho 83350-0368
 Office: (208) 436-7183 Fax: (208) 436-1580
 Web: www.minidoka.id.us

Applicant/Primary Contact:		Date:
Phone:	Cell:	Parcel #:
Email:		
Property Address:		
City:	County:	
<input type="checkbox"/> New Residential (Check Applicable):		COST \$
<input type="checkbox"/> New Single Family Under 2000 Sq ft		\$89.00
<input type="checkbox"/> New Single Family Over 2000 Sq ft.		\$110.00
<input type="checkbox"/> Duplex Or Townhouse		\$155.00
Description of Work:		TOTAL: \$
<input type="checkbox"/> Other Residential OR <input type="checkbox"/> Light Commercial:		
#	Heating or Cooling Units x \$5.00	\$
#	Ventilation or Ducts (# of Appliances) x \$5.00	\$
#	Gas Line (# of Appliances or Storage Tanks)* x \$5.00	\$
#	Mutli-Family Dwellings \$89.00 + \$35.00 per Add. Unit	\$
Description of Work:		Base Fee \$20.00
		TOTAL: \$
<input type="checkbox"/> Commerical and Other Mechanical Installations:		
Project Valuation \$		
<i>The Building Department will use the Valuation to generate a permit fee based on set guidelines.</i>		
Check (1) Box:		TOTALS \$
<input type="checkbox"/> Project Value Between \$3,000 - \$10,000. 1 1/2% of Value		\$
<input type="checkbox"/> Project Value Between \$10,000 - \$50,000. \$150 + 1% of remaining over \$10,000		\$
<input type="checkbox"/> Project Value Above \$50,000. \$550 + .5% of remaining over \$50,000		\$
Description of Work:		
Property Owner		
Name(s):	Address:	
Email:	City:	State:
Phone:	Cell:	Zip:
Contractor		
Company:	Address:	
Contact Name:	City:	State:
ID Lic./Registration#:	Expire Date:	Zip:
Email:	Phone:	Cell:
<i>Notice: Permit Application must be faxed at least 24 hrs prior to the need for the first inspection. Payment along with the original application must be submitted within 7 days of application submittal or an additional fee in the amount of the original fee may be assessed. Inspection requests should be made at least 4 hrs prior to need of inspection.</i>		
Applicant/Authorized Agent Signature:		Date:
Received By:		Date: