

**City of Heyburn Mechanical Permit Application**



941 18" Street PO Box 147 Heyburn, ID 83336  
 Office: (208) 679-8158 Fax: (208) 679-2438  
 Web: www.heyburn.id.gov

Applicant/Primary Contact:		Date:
Phone:	Cell:	Parcel #:
Email:		
Property Address:		
City:	County:	
<input type="checkbox"/> <b>New Residential (Check Applicable):</b>		<b>COST \$</b>
<input type="checkbox"/> New Single Family Under 2000 Sq ft		\$110.00
<input type="checkbox"/> New Single Family Over 2000 Sq ft.		\$150.00
<input type="checkbox"/> Duplex		\$175.00
<input type="checkbox"/> Townhouse (each unit)		\$105.00
Description of Work:		<b>TOTAL: \$</b>
<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	\$
#	Multi-Family Dwellings \$100.00 + \$35.00 per Add. Unit	\$
Description of Work:		Base Fee \$20.00
		<b>TOTAL: \$</b>
<input type="checkbox"/> <b>Commercial and Other Mechanical Installations:</b>		
Project Valuation \$		
<i>The building department will use the Valuation to generate a permit fee based on set guidelines.</i>		
Check (1) Box:		<b>TOTALS \$</b>
<input type="checkbox"/> Project Value Between \$3,000 - \$10,000. 2.65% of Value		\$
<input type="checkbox"/> Project Value Between \$10,000 - \$50,000. \$150 + 2.25% of remaining over \$10,000		\$
<input type="checkbox"/> Project Value Above \$50,000. \$550 + 1.25% of remaining over \$50,000		\$
Description of Work:		
<b>Property Owner</b>		
Name(s):	Address:	
Email:	City:	State:
Phone:	Cell:	Zip:
<b>Contractor</b>		
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: