

COMMERCIAL MECHANICAL PERMIT APPLICATION

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #140, Caldwell, ID 83605

www.canyonco.org/dsd.aspx

Phone: 208-454-7458

Fax: 208-454-6633



PERMIT NUMBER: _____

For Office Use Only

NEW COMMERCIAL APPLICATION RETRO COMMERCIAL APPLICATION

INSPECTION LINE: **208-454-7460**

CALL CUT-OFF TIME FOR NEXT DAY INSPECTION REQUESTS IS **4:00 PM**

Property Owner Name: _____

Property Owner Phone #: Home #: _____ Cell #: _____

Job Site Address: _____ City: _____

HVAC Contractor: _____ HVAC Contractor #: _____

HVAC Contact Name: _____ License Expiration: _____

HVAC Address: _____ City: _____ Zip: _____

Contact Phone #: _____ Fax #: _____

Email Address _____

COMMERCIAL BID PRICE: \$ _____ PERMIT FEE = 2% of BID PRICE \$ _____

Minimum fee is \$60.00

PAYMENT TYPE: CREDIT CARD (CC AUTHORIZATION ATTACHED) MAIL IN CHECK (Due within 15 days) **TOTAL FEES:** \$ _____

WHETHER NEW OR RETRO, SPECIFY IN DETAIL THE WORK TO BE COMPLETED AND THE EQUIPMENT TO BE INSTALLED. IF THIS IS AN EXISTING COMMERCIAL BUILDING AND REQUIRES A CHANGE OUT OF UNITS, PLEASE INDICATE BELOW:

NOTE: INSPECTION REQUESTS: it is the duty of the Contractor or Owner to notify this office when the work project is ready for required inspections. Please call the Inspection Line to schedule before 3:30 daily for next day inspection requests.

PERMIT SUSPENSION/EXPIRATION: The Building Official reserves the right to revoke any permit issued in error or on the basis of incorrect information. Permits expire in 180-days if the work is not started or is abandoned.

AGREEMENT: This Permit is issued subject to the regulations contained in the Building and Zoning Codes of Canyon County, Idaho

Applicant Signature: _____ Date: _____



CANYON COUNTY DEVELOPMENT SERVICES BUILDING DEPARTMENT

CREDIT CARD AUTHORIZATION FORM

I _____, hereby authorize Canyon County Development Services, Building Division, to charge my credit card account in the amount of \$_____ for fees associated with my application for:

- Mechanical Permit # _____
- Temporary Permit # _____
- Other: _____

Cardholder – Print Name

Date

Cardholder's Signature

Contact Phone #

- VISA MasterCard American Express Discover

Debit cards will be processed as credit transactions

Credit Card Number: _____

Expiration Date: _____ Security Code on Back of Card: _____

Billing Address: _____

City: _____ Zip Code: _____