

Must save application to computer prior to filling in or all work will be lost MECHANICAL PERMIT APPLICATION CITY OF POTLATCH

							BP #				
JOB ADDRESS:					Α	ASSESSORS P	ARCEL	NUMBER, IF KN	OWN:		
(number)	(road name)	(city)	(z	tip code)							
Point of Contact: Owner Con	tractor 🛛 Engineer	r/Architect	Other:								
Preferred Method of Contact:	ext 🛛 Email 🗖 Ca	all P	Phone:			Email	:				
OWNER: Mailing Address:											
Phone: Cell #: Email:											
CONTRACTOR:				Mailing Address:							
Phone: Cell #:			Ema	Email: License #:							
ENGINEER/ARCHITECT:			Mailing A	Mailing Address:							
Phone:	Cell #:		Ema	ail:				License #:			
Use of Building (For this Permit): Describe					ibe Work:						
Class of Work: New Addition Alteration Repair Move Rem					ove		Valuati	on of Work:			
Type of Fuel: 🗌 Natural Gas 🗌 Oil 🔲 Prop.					une (LPG)	Electric					
Description of Equipment				_ 110pt	Qty	Each		al \$			
Residential Furnace including vents/ducts						20.00					
Residential Boilers						20.00					
Suspended, wall, floor mount or radiant heater						15.00					
Ground Loop Heat Pump or Hydronic Piping						15.00					
Gas Appliances:(dryer, range, water heater, barbecue, log lighter, fireplace, inserts, pool/spa heater, other)						15.00					
Air-Handlers (electric furnace)						15.00					
Heat pump, Air Conditioner, Evaporative Cooler						15.00					
Heat Recovery Unit						15.00					
Solid Fuel Fireplaces, Stoves, Inserts						25.00					
Chimney (flue, liner, vent)						15.00					
Ductwork						15.00					
Appliance Vents						15.00					
Gas Piping System. 1-4 outlets						10.00					
Each additional outlet over 4						2.00					
Other (non-specified equipment						15.00					
Special inspection per hour						50.00					
+ \$25 Permit Processing Fee (Minimum Fee, \$50)						Total	_				
NOTICE: THE PERMIT APPLIED FOR WITH THIS APPLICATION BECOMES NULL AND VOID IF NO INSPECTION IS REQUESTED AND PERFORMED FOR THE WORK AUTHORIZED WITHIN 180 DAYS FROM DATE OF ISSUANCE, AND/OR IF NO INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 180 DAYS FROM THE MOST RECENT INSPECTION											
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING THE PERFORMANCE OF CONSTRUCTION.											
COMMENCEMENT OF CONSTRUCTION PRIOR TO THE IS NOT ISSUED OR IF ZONING APPROVAL IS NOT RECEIVE		Y BUILDING PERMI	IT, AND PRIOR TO) Zoning Approv	/AL, IS DONE W	ITH THE UNDERSTA	NDING THAT	ALL WORK WILL BE REMO	VED IF A PERMIT IS		
Authorization The applicant does hereby certify that all of the above statements are information in any attachments transmitted herewith are true, and further acknowledges that											
approval of this application may be rev		at any such st		e false.							
a. Signature of Applicant		b. Date		c. Signature	of Property (Owner (If differer	n uian app	ncalit)	d. Date		
a. Signature of Contractor		b. Date									