CITY OF DEARY MECHANICAL PERMIT APPLICATION

Applicant to complete numbered spaces only Job Address: Assessor's Parcel Number: 1. R: Parcel #: OWNER: Mailing Address: 2. **Phone Number: Email Address:** CONTRACTOR: **Mailing Address:** License Number: 3. **Phone Number: Email Address:** ARCHITECT/ENGINEER: **Mailing Address:** License Number: 4. Phone Number: **Email Address:** Use of Building (For this Permit): 5. Class of Work: 6. □ New □ Addition □ Alteration □ Repair □ Move □ Remove Describe Work: Valuation of Work: 7 SPECIAL CONDITIONS: COMPLIANCE WITH ALL ASPECTS OF THE INTERNATIONAL Oil ☐ Propane (LPG) ☐ Electric MECHANICAL, FUEL GAS, AND ENERGY CODES IS PERMIT FEES REQUIRED IN LATAH COUNTY ISSUED BY: APPLICATION PLANS CHECKED Total \$ **Description of Equipment** Each Otv ACCEPTED BY: NOTICE: Residential Furnace including vents/ducts 20.00 THE PERMIT APPLIED FOR WITH THIS APPLICATION BECOMES NULL AND VOID IF NO INSPECTION IS Residential Boilers 20.00 REQUESTED AND PERFORMED FOR THE WORK AUTHORIZED WITHIN 180 DAYS FROM DATE OF Suspended, wall, floor mount or radiant heater 15.00 ISSUANCE, AND/OR IF NO INSPECTION IS REQUESTED AND PERFORMED FOR A PERIOD OF 15.00 Ground Loop Heat Pump or Hydronic Piping 180 DAYS FROM THE MOST RECENT INSPECTION. Gas Appliances:(dryer, range, water heater, barbecue, log lighter, fireplace, inserts, pool/spa heater, other) I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW SAME Air-Handlers (electric furnace) TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE Heat pump, Air Conditioner, Evaporative Cooler 15.00 OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A Heat Recovery Unit 15.00 PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY Solid Fuel Fireplaces, Stoves, Inserts 25.00 OTHER STATE OR LOCAL LAW REGULATING 15.00 CONSTRUCTION OR THE PERFORMANCE OF Chimney (flue, liner, vent) CONSTRUCTION. Ductwork 15.00 15.00 Appliance Vents Signature of Contractor or Authorized Agent (Date) Gas Piping System. 1-4 outlets 10.00 Each additional outlet over 4 2.00 OR 15.00 Other (non-specified equipment Special inspection per hour 50.00 Signature of Owner (If Owner is doing the work) (Date) PERMIT Processing Fee 75.00 **TOTAL FEE (Minimum \$75)**