

CITY OF CALDWELL
DEPARTMENT OF BUILDING SAFETY
621 Cleveland Blvd. Caldwell, ID 83605
Phone 208-455-3024 Fax 208-455-3050

**NON-NEW RESIDENTIAL
MECHANICAL**

PERMIT # _____

JOB ADDRESS _____

SUBDIVISION _____ LOT _____ BLOCK _____

BUILDER _____ PHONE _____

MECH. CONTRACTOR _____ LICENSE # _____ EXP. DATE _____

TELEPHONE # _____ FAX # _____

EMAIL _____

SIGNATURE _____ DATE _____



FEE: **OTHER RESIDENTIAL INSTALLATIONS**

PERMIT FEE (applies to all in this section) **\$24.00**

MECHANICAL EQUIPMENT _____ x \$6.30 = _____

EXHAUST VENTS (per each vent) _____ x \$6.30 = _____

GAS PIPING (per each outlet) _____ x \$6.30 = _____

TOTAL RESIDENTIAL \$ _____

SCOPE OF WORK: (Include rooms and all areas where work is being done)

White File

Yellow Contractor

Pink Accounting

CHECK # _____ **CASH** _____

REVENUE CODE 10120