

CITY OF CALDWELL
DEPARTMENT OF BUILDING SAFETY
621 Cleveland Blvd. Caldwell, ID 83605
Phone 208-455-3024 Fax 208-455-3050
Inspection Line 208-455-4605

**NON-NEW RESIDENTIAL
MECHANICAL**

PERMIT # _____

JOB ADDRESS _____

OWNER _____ PHONE _____

MECH. CONTRACTOR _____ LICENSE # _____ EXP. DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____

EMAIL _____

SIGNATURE _____ DATE _____

FEES: OTHER RESIDENTIAL INSTALLATIONS

CHECK BOX IF HIGH EFFICIENCY FURNACE IS TO BE INSTALLED.....

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)

This area is required to be filled in describing complete scope of work.

White File

Yellow Contractor

CHECK # _____ CASH _____ CC _____

REVENUE CODE 10120