

City of Star
P.O. Box 130, Star, Idaho 83669

Phone: 286-7247

Fax: 286-7569

Inspection Line: 286-9071 Building Dept.: 286-0074

Application for Mechanical Permit – Residential and Commercial

Mechanical Contractor: _____ **Phone:** _____ **Fax:** _____
State Contractors License #: _____ **Expiration Date:** _____
Builder or Property Owner: _____ **Phone:** _____
Site Information: **Street Address:** _____ **Lot:** _____ **Block:** _____
Subdivision: _____ **Square Footage of Project:** _____

Description of Work: (Required to be filled out)			<input type="checkbox"/> New Residential <input type="checkbox"/> Remodel <input type="checkbox"/> Commercial <input type="checkbox"/> Commercial TI	
<u>New Residential – Single Family Dwelling:</u> _____ Up to 1,500 sqft \$130.00 _____ 1,501 sqft to 2,500 sqft \$195.00 _____ 2,501 sqft to 3,500 sqft \$260.00 _____ 3,501 sqft to 4,500 sqft \$325.00 _____ Over 4,500 sqft use other installations \$ _____	\$	<u>New Residential – Multi-Family Dwelling (Contractors Only):</u> _____ Duplex Only \$260.00 _____ Three or more multi-family units \$130.00 per building plus \$65.00 per unit \$65.00 X _____ # of Buildings _____ #of Units _____	\$	
<u>Existing Residential:</u> _____ \$65.00 basic fee plus \$10.00 for each piece of HVAC equipment up to the maximum of the corresponding square footage of the residential building \$65.00 \$10.00 X _____ _____ Fireplace installation (this is for two inspections) \$130.00 _____ Hydroponic Flooring - \$65.00 basic fee plus \$10.00 for each additional manifold zone \$65.00 \$10.00 X _____	\$	<u>Modular, Manufactured or Mobile Homes:</u> _____ \$65.00 basic fee plus \$10.00 for each duct, fireplace, piece of HVAC equipment, or vent up to maximum square footage \$65.00 \$10.00 X _____ <u>Gas Line:</u> _____ \$65.00 basic fee \$65.00	\$	
<u>Other Installations – Commercial/Industrial:</u> <i>Work not specifically covered by any other fee schedules. Fees based on FAIR MARKET PROJECT VALUE which means total labor, materials and equipment for a complete working system. This value is not reducible due to owner supplied and/or donated materials, labor and/or equipment. Overhead and profit must be included in value.</i> Cost up to \$20,000: Multiply by 3% (.03) plus \$60.00 \$ _____ Cost between \$20,001 – \$100,000: Minus \$20,000 multiply by 2% (.02) plus \$660.00 \$ _____ Cost over \$100,001: Minus \$100,000 multiply by 1% (.01) plus \$2,260.00 \$ _____ Total Cost of Labor and Materials \$ _____ \$ _____	\$	<u>Requested Inspections – Reinspection – Technical Service:</u> _____ \$65.00 minimum plus \$65.00 per hour or portion thereof in excess of one hour including travel time to and from job location \$65.00 \$65.00 X _____ hrs	\$	

Date: _____ **Total Fees Due: \$** _____ **Permit Number:** _____

Inspection requests must be called into the inspection request line at 286-9071 before 10:00 am to schedule an inspection for that day. All other requests will be scheduled the next business day.

Please remit payment to: City of Star, PO Box 130, Star, ID 83669, within 10 (ten) days or the permit fee will automatically double. Unpaid permits will delay the Certificate of Occupancy.

Applicants Signature: _____