

CITY OF CALDWELL Department of Building Safety

Ph: 208-455-3024 Website * www.cityofcaldwell.org

MECHANICAL PERMIT APPLICATION 205 S. 6th Ave. Caldwell, ID 83605

MECHANICAL	MECHANICAL PERMIT #
PROJECT INFORMATION	
Job Address:	
Associated Building Permit Information: New Single Family T.I./Change of Use/Remodel Sign	
Building Permit #: New Commercial/Multi Family NOT Associated with a Building Permit	
Owner/Builder:	Phone
Address:	
Mech. Contractor:	Phone License No.
Address:	Exp. Date:
Applicant:	Phone
Address:	Email:
New Residential Installations: (One and two family dwellings) Dwelling under 2000 sq. ft	New Commercial/Multi-Family Installations: Project Value is the total cost of the project, including Labor, Materials and Equipment. PROJECT VALUE: \$
Detailed scope of work:	Detailed scope of work:
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS FROM THE ISSUANCE OF THIS PERMIT, OR IF CONSTRUCTION OR WORK IS ABANDONED OR SUSPENDED FOR A PERIOD OF 180 DAYS AFTER WORK IS COMMENCED. EXPIRED PERMITS WILL NOT BE ELIGIBLE FOR AN EXTENSION. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF ORDINANCES AND LAWS GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION. I CERTIFY THAT THE INFORMATION IS FACTUAL AND AS THE OWNERS REPRESENTATIVE I AM AUTHORIZED TO EXECUTE THIS PERMIT. OFFICIAL USE	
Print Name	Accepted by: Date:
Signature of Installer or Authorized Representative (Date)	PERMIT VALIDATION: Check # CC Cash