



# Mechanical Permit Application

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PROJECT ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: \_\_\_\_\_

**MECHANICAL CONTRACTOR**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Numbers: \_\_\_\_\_

ID Contractor License # \_\_\_\_\_ Expires \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_

New Construction  Remodel  Fixture Replacement

**RESIDENTIAL**

**FEES**

<p>• <b>New: Single Family Dwelling, including all buildings with HVAC being constructed on each property.</b>          *Based on living space (see definition below)  <input type="checkbox"/> Up to 1,500 sq. ft. \$130  <input type="checkbox"/> 1,501 to 2,500 sq. ft. \$195  <input type="checkbox"/> 2,501 to 3,500 sq. ft. \$260  <input type="checkbox"/> 3,501 to 4,500 sq. ft. \$325  <input type="checkbox"/> Over 4,500 sq. ft. \$325 plus \$65 for each additional 1,000 sq. ft. or portion thereof              \$325 + (\$65 x # of additional 1,000 sq. ft. or portion thereof)          *Living Space - space within a dwelling unit intended for human habitation which may reasonably be utilized for sleeping, eating, cooking, bathing, washing, recreation, and sanitation purposes. An unfinished basement is considered part of the living space.</p>	<p>Total Square Footage _____          \$ _____</p>
<p>• <b>New: Multi-Family Dwelling (Contractors Only)</b>  <input type="checkbox"/> Duplex Apartment \$260  <input type="checkbox"/> Three or more multi-family units: \$130 per building plus \$65 per unit (\$130 x # of buildings) + (\$65 x # of units)</p>	<p>\$ _____</p>
<p><input type="checkbox"/> <b>Existing Residence</b>    <input type="checkbox"/> <b>Modular, Manufactured or Mobile Homes</b>    <input type="checkbox"/> <b>Detached Shop</b>          \$65 + \$10 per piece of additional pieces of HVAC equipment (furnace, gas lines, pool heaters, mini-split system, hydronic system, etc.) and/or exhaust ducts (range hoods, dryer, exhaust fans, etc.). Fee shall not exceed 'New' square footage fee.</p>	<p>Total Pieces of Equipment _____          \$ _____</p>

**MISCELLANEOUS**

<p><input type="checkbox"/> <b>Technical Service - Plan Check:</b> \$65 per hour    <input type="checkbox"/> <b>Requested Inspection - Gas Line:</b> \$65    <input type="checkbox"/> <b>Fireplace:</b> \$65</p>	<p>\$ _____</p>
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**COMMERCIAL / INDUSTRIAL**

<p>*The fees listed under this inspection type shall apply to any and all HVAC installations not specifically mentioned elsewhere on this form.  <b>Total cost of HVAC system (Contracted Amount):</b> \$ _____  <input type="checkbox"/> <b>Up to \$10,000:</b> (total cost of system x 0.02) + 60 = \$ _____  <input type="checkbox"/> <b>Between \$10,001 - \$100,000:</b> (total cost of system - 10,000) x 0.01 + \$260 = \$ _____  <input type="checkbox"/> <b>Over \$100,001:</b> (total cost of system - 100,000) x 0.005 + \$1,160 = \$ _____</p>	<p>\$ _____</p>
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**TOTAL FEES: \$ \_\_\_\_\_**

Pressure Test – Low Pressure:  30 psi    High Pressure:  60 psi

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please E-mail Permit and Inspections: \_\_\_\_\_  
 E-mail Address