



BUILDING APPLICATION
Electrical

For Office Use
Permit Number: _____ Permit Type: New Remodel Addition Basement Finish
Fees Paid: Yes No

1. Property Owner
Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone & Type: _____ Office Mobile Email: _____
Under Idaho Building Code, a homeowner is allowed to do work on their own home.
Are you a homeowner doing work on your own home? Yes (Skip to #3 and complete the Homeowner's Exemption page)
 No: I am a contractor working for the homeowner No: This property is a Multi-family Residence or Commercial Property.
NOTE: Any contractors/sub-contractors involved will need to submit their own signed applications.

2. Electrical Contractor
Name: _____ Registration #: _____ Exp.: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone & Type: _____ Office Mobile Email: _____
Contact/Rep. Name: _____ Phone: _____ Email: _____
Electrical Contractor Authorized Signature: _____ **Date:** _____

3. Project Description
Address: _____ -OR- Lot #: ___ Block #: ___ Subdivision: _____
Check one: Single-family Residence Multi-family Residence Commercial
Check one: New Construction* Remodel Addition Basement Finish
Description of work: _____

New Commercial Work: Contracted amount: \$ _____ Calculated Fee (See Below): \$ _____
 Up to \$10,000 = (total cost of system x .02) + \$60 \$10,001-\$100,000 = ((total cost of system -10,000) x .01) + \$260
 Over \$100,001 = ((total cost of system -100,000) x .005) + \$1,160

New Single-Family Residential Work: _____ Sq. Ft.
 Up to 1,500 Sq. Ft. = \$130 1,501-2,500 Sq. Ft. = \$195 2,501-3,500 Sq. Ft. = \$260 3,501-4,500 Sq. Ft. = \$325
 Over 4,500 Sq. Ft. = \$325+(65 x # of additional 1,000 Sq. Ft. (or portion thereof)) \$ _____

New Multi-Family Residential: Duplex = \$260 Three or more units = \$((130 x # of buildings)+(65 x # of units))\$ _____

New work on any other residence and Detached Shops: = \$(65 + (10 x # of branch circuits)) \$ _____

Miscellaneous: Small Works (work costing less than \$200 with no change in service connections)=\$10(needs no inspection).
 Central Heating/Cooling Systems = \$65 Spas, Hot Tubs, and Swimming Pools = \$65 Requested Inspection = \$65
 Pumps - Water, Irrigation, Sewage (per motor) = \$65 up to 25HP \$95 26- 200HP \$130 over 200HP
 Irrigation Machine = \$65 for center pivot + \$10 per tower of drive motor \$ _____ Technical Service = \$65/hour
 Temporary Amusement = \$65 + \$10 per ride, concession, or generator \$ _____ Plan Check = 10% of Contracted Amount
 Temporary Construction Services ONLY = \$65 (200 amp or less. One location, for less than 1 year.)

APPLICANT'S SIGNATURE, CERTIFICATION AND AUTHORIZATION: Under penalty of perjury, I hereby certify that I have read this application and state that the information herein is correct and I swear that any information which may hereafter be given by me in hearings before the Planning and Zoning Commission or the City Council for the City of Rexburg shall be truthful and correct. I agree to comply with all City regulations and State laws relating to the subject matter of this application and hereby authorized representatives of the City to enter upon the above-mentioned property for inspections purposes. NOTE: The building official may revoke a permit on approval issued under the provisions of the 2012 International Code in cases of any false statement or misrepresentation of fact in the application or on the plans on which the permit or approval was based. Permit void if not started within 180 days. Permit void if work stops for 180 days.
Applicant's Name (print): _____ Signature: _____ Date: _____