

RE-INSPECTION FEE - BUILDING/MECHANICAL PERMITS

CANYON COUNTY DEVELOPMENT SERVICES DEPARTMENT

111 North 11th Avenue, #140, Caldwell, ID 83605

buildinginfo@canyoncounty.id.gov

Phone: 208-454-7458

Fax: 208-454-6633



RE-INSPECTION ON PERMIT #: _____

\$50 RE-INSPECTION FEE

INSPECTION LINE: **208-454-7460**

CALL CUT-OFF TIME FOR NEXT DAY INSPECTION REQUESTS IS **4:00 PM**

Permit Holder/Owner Name: _____

Permit Holder/Owner Phone #: Home #: _____ Cell #: _____

Job Site Address: _____ City: _____

HVAC/Builder Contractor: _____ HVAC Contractor #: _____

HVAC/Builder Contact Name: _____ License Expiration: _____

HVAC/Builder Address: _____ City: _____ Zip: _____

Contact Phone #: _____ Fax #: _____

Email Address _____

PAYMENT TYPE: CREDIT CARD (CC AUTHORIZATION ATTACHED) IN OFFICE PAYMENT **TOTAL FEES : \$** _____

DATE(S) OF FAILED INSPECTIONS:

__1) _____ INSPECTOR: _____

__2) _____ INSPECTOR: _____

__3) _____ INSPECTOR: _____

NOTE: It is the duty of the Contractor or Owner to notify this office when the work project is ready for required inspections. Re-inspections are charged a \$50 fee at the discretion of the inspector. Please call the Inspection Line to schedule the next inspection before 3:30 daily for next day inspection scheduling.

PERMIT SUSPENSION/EXPIRATION: The Building Official reserves the right to revoke any permit issued in error or on the basis of incorrect information. Permits expire in 180-days if the work is not started or is abandoned.

AGREEMENT: This Permit is issued subject to the regulations contained in the Building and Zoning Codes of Canyon County, Idaho

FEE OWED: \$50 ON PERMIT # _____ PAID ON DATE _____ RECEIPT # _____

Applicant Signature: _____ Date: _____



CANYON COUNTY DEVELOPMENT SERVICES BUILDING DEPARTMENT

CREDIT CARD AUTHORIZATION FORM

I _____, hereby authorize Canyon County Development Services, Building Division, to charge my credit card account in the amount of \$_____ for fees associated with my application for:

- Mechanical Permit # _____
- Temporary Permit # _____
- Other: Re-Inspect Fee \$50

Cardholder – Print Name

Date

Cardholder's Signature

Contact Phone #

- VISA MasterCard American Express Discover

Debit cards will be processed as credit transactions

Credit Card Number: _____

Expiration Date: _____ Security Code on Back of Card: _____

Billing Address: _____

City: _____ Zip Code: _____