City of Kuna
Mechanical Permit
Application

Contractor License #: __________
Parcel#: ___________________
Zone: ____________________
Legal Description: _______________________________________________________________
Site Address: ________________________________________________________________
Applicant Name: ______________________ Phone: ___________________
Applicant Address: ______________________ City: _____ Zip: _____
Email Address: ________________________________________________________________

Mechanical Fee Schedule

New Residential Mech. Installations:
New one and two family dwellings: $93.00
Other Residential Installations:
Permit Fee: (applies to all “Other Residential Installations) $23.00
 Mech. Equip. X $6.00 $__________
 Vent Piping X $6.00 $__________
 Gas Piping X $6.00 $__________
 Fireplace X $6.00 $__________

Multi-Family and Commercial – permit fee (applies to all permits in this section) $23.00

* Project Value: $ __________.00
*Project value is the total fair market contract cost of the job and shall include, but not limited to: all materials, labor and equipment. This value is not reducible due to owner supplied and/or donated materials, labor and/or equipment. Please include a copy of the bid proposal on company letterhead.

Project Valuation Table:
For projects $20,000 or less = 2.68% of job value
For projects $20,000 through $50,000 = $536 +1.61% of job value over $20,000
For projects over $50,000 = $1,019.00 plus .80% of that portion exceeding $50,000.

Re-Inspection Fee's - Re-Inspection Fee (After 2 failed attempts) $45.00 each

Late Fee's – Double permit fee

Work constructed without a permit – Double permit fees will be the minimum charge assessed.

Note: Once plans have been checked and approved for issuance the applicant MUST pick up the building permit within 30 days or the plans will be destroyed. Per IBC 2015/IRC 2015 regulations, work must commence or resume within 180 days or permit is invalid. Building Official may grant time extensions prior to expiration.

Applicant’s Signature: ______________________ Date: __________

STAFF RECIPIENT/CREATED BY: ______________________
(Initial/Date) _______ / _______