



MECHANICAL ONLY COMMERCIAL PERMIT APPLICATION

(staff use)

Permit #: MO _____

Date application received: _____

Date of complete submission: _____

Property Owner's Information

Property Owner's Name: _____

Property Physical Address: _____

Subdivision Name: _____ Lot Number: _____ Block Number: _____

Owner's Mailing Address: _____

Telephone: _____ Email: _____

Applicant's Information *(if applicant is other than the owner)*

Applicant's Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Contractor's Information

Contractor Name: _____

Contractor Registration Number: _____

Registration with the state must be current.

Mechanical Work to be Completed

(check all that apply)

Replacing existing system(s) _____ Type of system(s) _____

Installing new system(s) _____ Type of system(s) _____

Other _____

Zoning District: _____

Zoning map available [here](#) or call
208-787-2940 x 14 for verification.

Is this a HUD certified manufactured home? Yes No

Inspection & Certificate of Occupancy Information

- **Contact the mechanical inspector listed on your permit for your mechanical inspection.**
- **In order to receive a Certificate of Occupancy verifying completion of this project you must schedule an inspection with the City Building Inspector.**
- It is the responsibility of the applicant to contact building inspector 48 hours in advance for any and all required inspections. **City Building Inspector: Jason Letham (208) 317-3365**
 _____ (initial) _____ (date)
- It is the responsibility of the applicant to contact Mechanical inspector 48 hours in advance for any and all required inspections. **City Building Inspector: Wyatt Penfold (208) 7096810**
 _____ (initial) _____ (date)
- It is the responsibility of the applicant to contact fire marshal 48 hours in advance for any and all required inspections. **City Fire Marshal: Earl Giles (208) 715-5202**
 _____ (initial) _____ (date)

Certificate of Occupancy and Use

Certificate of Occupancy shall be issued before any building or use is occupied and shall be approved by the Building Inspector certifying compliance with the 2012 IRC and by the City Planning and Zoning Administrator verifying compliance with the Victor Development Code, including any conditions imposed upon permit approval. Occupancy of a building or use without the Certificate of Occupancy shall be a violation of this Ordinance and permit. The issuance of the Certificate shall not be considered approved if any violation of this Ordinance is discovered after the inspection. Certificate of Occupancy will be issued within two (2) business days of scheduled and approved final inspection of the structure. NO EXCEPTIONS.

_____ (initial) _____ (date)

Applicant signature, certification and authorization

Under penalty of law I hereby certify that I have read and understand this application and state that the information herein is correct. I swear (affirm) that any information which may hereafter be given by me in hearings before the Victor Planning & Zoning Commission of the City Council shall be truthful and correct.

I agree to comply with all the City and County regulations and State law relating to the subject matter of this application and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes. I further agree and understand that no building activity will begin on the above mentioned property until a properly approved and authorized building permit has been issued.

APPLICANT SIGNATURE : _____ **DATE** _____

FEES

\$100/unit

Building Inspector Certificate of Occupancy Inspection: \$45

Additional Charges: Re-inspections, Inspections outside of normal business hours, Additional Review, changes or revisions (Minimum 1 hour Charge @ \$45/hour; typical inspection is 1 hour)

Total Fee \$ _____

(staff use)
Permit # _____

Date application received: _____ Reviewed with Applicant: YES ____ NO ____

Reviewed by Planning & Zoning staff: _____

Comments: _____

Approvals

Reviewed by Building Official: _____ Date: _____
Reviewed by Mechanical Official: _____ Date: _____
Reviewed by Fire Marshal: _____ Date: _____

CONDITIONS : YES ____ NO ____

Conditions: _____

