

Application **BUILDING DEPARTMENT** LICENSE APPLICATION

Please Type or Print

(REVISED	12/1	5)
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DATE:			
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NAME(S):			B	USINESS	NAME:				
ADDRESS:									
CITY:		STATE:		ZIP:		PHON	JE:		
E-Mail Addres	<u>s</u>								_
		IMARILY BE DONE: UCTION BUSINESS?							
ARE YOU H	FAMILIAR WITH O	CITY ORDINANCE TED BY THE CITY O	15.03 AS	WELL .	AS THE	PROVISIONS	OF TH	E NATIONAL	

EVERY CONTRACTOR GRANTED A LICENSE UNDER THE TERMS PROVIDED IN ORDINANCE 15.03 IS **REQUIRED TO MAINTAIN AT ALL TIMES LIABILITY AND BOND COVERAGE AS FOLLOWS:**

]	FEES	
	ELECTRICAL CONTRACTOR	\$0	\$500,000 GENERAL LIABILITY AND
	State License #'s		\$10,000 LICENSE AND PERMIT BOND
	ELECTRICAL JOURNEYMAN	\$0	State License #'s
	ELECTRICAL APPRENTICE	\$0	State License #'s
	PLUMBING CONTRACTOR	\$25	\$500,000 GENERAL LIABILITY AND
	State License #'s		\$10,000 LICENSE AND PERMIT BOND
	PLUMBING JOURNEYMAN	\$15	State License #'s
	PLUMBING APPRENTICE	\$7.50	State License #'s
	GAS CONTRACTOR	\$0	\$500,000 GENERAL LIABILITY AND
	State License #'s		\$10,000 LICENSE AND PERMIT BOND
	GAS JOURNEYMAN	\$0	State License #'s
<u> </u>	GAS APPRENTICE	\$0	State License #'s
	EXCAVATOR	\$50	\$100,000 GENERAL LIABILITY AND
			\$10,000 LICENSE AND PERMIT BOND
			Copy of State of Idaho Registration
	HOUSEMOVER	\$50	\$1,000,000 GENERAL LIABILITY AND
			\$10,000 LICENSE AND PERMIT BOND
			Copy of State of Idaho Registration
	SIGN CONTRACTOR	\$50	\$500,000 GENERAL LIABILITY AND
			\$10,000 LICENSE AND PERMIT BOND
			Copy of State of Idaho Registration

EACH INSURANCE POLICY SHALL CARRY A RIDER LISTING AND CARRYING THE CITY AS A CERTIFICATE HOLDER UNDER THE POLICY AND SHALL CONTAIN A CLAUSE WHEREIN THE CITY BE NOTIFIED IN CASE OF LAPSE, CANCELLATION, OR EXPIRATION OF POLICY OR POLICIES.

STATE REQUIREMENT: WORKMENS' COMPENSATION INSURANCE IS IN FORCE IF EMPLOYEES ARE HIRED BY THE CONTRACTOR.

I UNDERSTAND THE ABOVE AND AGREE TO ABIDE BY ALL THE LAWS AND ORDANANCES GOVERNING THIS LICENSE.

SIGNATURE: _____ DATE: _____ PRINT NAME: _____

Cell	Phone	• •	
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EMAIL: