



IDAHO FALLS FIRE DEPARTMENT

Office of the Fire Marshal
627 Shoup Avenue, Idaho Falls, ID 83402
(208) 612-8497



2014 PERMIT APPLICATION

A permit shall be obtained from the Office of the Fire Marshal, **prior** to the engagement in activities, operations, practices or functions as set forth in Section 105 of the International Fire Code. Fees for operational and construction permits, that are required by the code, shall be paid to the City of Idaho Falls at the City Clerk's Office.

Each operational permit shall be fifty dollars (\$50.00) Paid at time of application.

Failure to obtain a permit prior to engaging in activities, operations, practices or functions, as set forth in the International Code, shall constitute a violation of the Code. The activity, operation or practice will be stopped until a permit has been obtained and a **DOUBLE** permit fee collected.

PERMIT LOCATION _____

ACTIVITY or FUNCTION Fee Collected for Activities Non-Profit Organization

TYPE OF PERMIT Operational Construction Combination

LICENSED CONTRACTOR: _____ PHONE # _____

ADDRESS: _____

APPLICANT NAME: _____ TITLE _____

Please describe all operations and installations requiring a permit. If your business requires both types of permits, please check the combination block. Only one fee will be collected but all operations and processes must be described below.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City ordinances, adopted codes, and State laws relating to the operations and processes described above. I hereby authorize representatives of this City to inspect any operation or process for compliance purposes before issuing the permit. I am either the owner of the business or the contractor responsible for the work and represent the owner, and am acting with the owner's full knowledge and consent.

Signature of Applicant

Date

DO NOT WRITE IN THIS SPACE — OFFICIAL USE ONLY

Receipt # _____ Collected By: _____

Inspection Completed On _____ By: _____

Permit Issued On: _____ Permit Expires On: _____

Permit Status:

Entered Collected Billed Fees Paid To be filed