

CITY OF IDAHO FALLS

APPLICATION FOR SPECIALTY PLUMBING LICENSE

WATER CONDITIONER [ ]
WATER SOFTENER [ ]
LAWN SPRINKLING SYSTEM INSTALLATION [ ]
OTHER SPECIALTY PLUMBING WORK \_\_\_\_\_ [ ]

NEW [ ]
RENEWAL [ ]

TO THE CITY CLERK
CITY OF IDAHO FALLS, IDAHO

APPLICANT'S NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
Street or P. O. Box City State Zip

NAME OF COMPANY: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

ADDRESS OF COMPANY: \_\_\_\_\_
Street or P. O. Box City State Zip

COMPANY AND PERSONAL TELEPHONE NUMBERS: \_\_\_\_\_

BEING THE RESPONSIBLE MANAGING JOURNEYMAN: \_\_\_\_\_

CERTIFICATE OF INSURANCE EXPIRES (Company Only): \_\_\_\_\_

SIGNATURE OF APPLICANT

APPROVED BY ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

THE FEE MUST ACCOMPANY THIS APPLICATION: \$ \_\_\_\_\_ INSPECTOR \_\_\_\_\_

RECEIPT NO.:

Table with 3 columns: TYPE OF LICENSE, NEW LICENSE FEE, RENEWAL LICENSE FEE. Row 1: CONTRACTOR, \$100.00, \$ 35.00 (UNTIL MARCH 30)

ALL LICENSES EXPIRE DECEMBER 31 OF EACH YEAR.
CERTIFICATE OF INSURANCE IN THE AMOUNT OF NOT LESS THAN \$500,000.00 SINGLE
LIMIT LIABILITY REQUIRED FOR CONTRACTOR'S LICENSE.