



Application
BUILDING DEPARTMENT
LICENSE APPLICATION
Please Type or Print

(REVISED 5/06)

DATE: _____

NAME(S): _____ BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

WHAT TYPE OF WORK WILL PRIMARILY BE DONE: _____

HOW MANY YEARS IN CONSTRUCTION BUSINESS? _____

ARE YOU FAMILIAR WITH CITY ORDINANCE 15.03 AS WELL AS THE PROVISIONS OF THE NATIONAL OR INTERNATIONAL CODES ADOPTED BY THE CITY OF POCATELLO? _____

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 State License #'s _____	\$0	\$500,000 GENERAL LIABILITY AND \$10,000 LICENSE AND PERMIT BOND
_____ ELECTRICAL JOURNEYMAN State License #'s _____	\$0	State License #'s _____
_____ ELECTRICAL APPRENTICE State License #'s _____	\$0	State License #'s _____
_____ PLUMBING CONTRACTOR State License #'s _____	\$25	\$500,000 GENERAL LIABILITY AND \$10,000 LICENSE AND PERMIT BOND
_____ PLUMBING JOURNEYMAN State License #'s _____	\$15	State License #'s _____
_____ PLUMBING APPRENTICE State License #'s _____	\$7.50	State License #'s _____
_____ GAS CONTRACTOR State License #'s _____	\$0	\$500,000 GENERAL LIABILITY AND \$10,000 LICENSE AND PERMIT BOND
_____ GAS JOURNEYMAN State License #'s _____	\$0	State License #'s _____
_____ GAS APPRENTICE State License #'s _____	\$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: _____ MOBILE/PAGER #(S): _____