

Kootenai County Fire & Rescue

Administration Office

1590 E. Seltice Way
Post Falls, ID 83854
Bus. Tel. (208) 777-8500
Fax # (208) 777-1569

To Whom It May Concern:

Kootenai County Fire & Rescue is a separate political subdivision of Idaho Government and independent of the City of Post Falls and Kootenai County. This Department however, works in cooperation with both city and county building departments to eliminate duplication of meetings to make better use of your time and our time.

Fees collected by either building department **DO NOT** include the Fire District user fees. Therefore, Kootenai County Fire & Rescue will be billing you separately in two stages:

The initial billing will be for our building plan review. It will be billed at the start of the project. This charge will be 30% of the city's building permit fee plus one hour for the site plan review.

The final billing will be for various inspections during the project. It will be billed at the end of the project. These charges will be at a rate of **\$76.00 per hour** with an hour minimum for the following:

- Automatic Sprinkler Installation Inspections And Testing
- Underground Fuel Tank Pressure Testing And Delivery Line Tests
- Commercial Kitchen Hood Tests
- Fire Alarm Tests And Fire Alarm Plan Reviews
- Medical Gas Line Testing
- Final Inspection For Occupancy
- And Any Other On-Site Inspections Required For New Commercial Construction.

Kootenai County Fire & Rescue also requires any new commercial building constructed to have a **lock box on the building** per the International Fire Code, Section 506.1. **If there is an electric gate installed, a Knox override switch must also be installed.** The Fire District will supply the application for the purchase of the lock box or electric override switch. The lock box or gate switch **must be installed** and all other fire district requirements must be met before the **Fire District signs the Certificate of Occupancy**. A bill for service will be sent to the owner/contractor after all the inspections has been completed.

Payment shall be made to:

*Kootenai County Fire & Rescue
1590 E. Seltice Way
Post Falls, ID 83854*

If you have any questions, please feel free to call the Administration Office at (208) 777-8500.

Sincerely,

Jeryl Archer
Fire Marshal
Kootenai County Fire & Rescue

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Building Fee \$ _____	PF Building Dept. Signature _____
Post Falls Building Permit # _____	
(To be filled out by Building Dept.)	

PROJECT NAME _____

ADDRESS: _____

SEND BILL TO: _____

Attn: _____

PHONE NUMBER: _____

I have read this agreement and agree to be the responsible party to pay the **ALL** fees when billed at the beginning and at the end of the project, which may include fees for the plan review and inspection fees for the alarm, sprinkler, hood, medical gas, etc. Contact our office if special billing arrangements need to be made. **(For owner/contractor)**

Please Print Name

Signature

DATE: _____

Phone #: _____

RECEIVED BY: _____	_____
<i>Signature</i>	<i>Date</i>
KOOTENAI COUNTY FIRE & RESCUE	