



BUILDING PERMIT APPLICATION

Emery County Building Department
75 E Main, PO Box 417
Castle Dale, Utah 84513
(435) 381-3555

APPLICANT INFORMATION (Please Print or Type) ↓	Date: _____	Permit No. _____
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Property Owner: _____ Phone: _____ Cell: _____
 Address: _____ Box #: _____ City: _____ Zip: _____
 Job Site Address: _____ City: _____
 Property Tax ID#: _____ Application For: _____

CLASS OF WORK			
1. New <input type="checkbox"/>	2. Alteration <input type="checkbox"/>	3. Addition <input type="checkbox"/>	4. Repair <input type="checkbox"/>
5. Move <input type="checkbox"/>	6. Other <input type="checkbox"/>	7. Use of Building	8. No. of Floors
9. Size of Building	10. Size of Lot	11. Type of Construction	12. Occupancy Class
13. Occupant Load	14. Zone		

CONTRACTOR INFORMATION

General Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	Architectural Engineer: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
Electrical Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	Plumbing Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
Heating Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	Cement Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
Excavation Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	Septic System Contractor: _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____

MANUFACTURED HOMES

Manufacturer: _____	Year: _____	Model #: _____
Dealer: _____	Dimensions: _____ x _____	
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Cell: _____	Fax: _____
Installation Contractor: _____	License #: _____	
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Cell: _____	Fax: _____
***Signature _____		

*****SIGNATURES ARE REQUIRED FOR PROCESSING APPLICATION**

BUILDING TYPE & FEE CALCULATION			
Type	Sq. Ft Area	Sq. Ft Value	Total Value
Basement ___ Rough ___ Finished			
Main Floor			
Second Floor			
Garage			
Carport			
Covered Porch / Patio / Deck			
On Site Improvements			
Storage Shed			
Remodel			
Electrical Inspection			
Gas Inspection			
Commercial Building			
Other			
TOTAL VALUATION			

Applicant Please Read Carefully:

Applicant agrees to comply with all applicable City, County, and State Building Laws and Ordinances, and certifies that the representations in this application for a building permit are true and accurate, and any misrepresentations or errors herein are the sole responsibility of the applicant, and shall in no way incur or accrue liability or obligation to enforcing officers or agents.

This permit becomes null and void if work on construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

Occupancy of structure is prohibited until after final inspection and Certificate of Occupancy issued.

**Owner's Signature: _____ Date: _____

**Contractor's Signature: _____ Date: _____

Note: 24 hour notice is required for all inspections

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******OFFICE USE ONLY******

Check #: _____	BASE BUILDING PERMIT FEE	\$ _____
Cash: _____	+Plan Check Fee (Base x .65)	\$ _____
	SUBTOTAL	\$ _____
	+80% of 1% State Surcharge Fee	\$ _____
	TOTAL	\$ _____

BUILDING PERMIT NO.: _____ DATE ISSUED: _____

APPROVED FOR ISSUE BY: _____

****SIGNATURE REQUIRED FOR PROCESSING APPLICATION**