

PLEASE TYPE OR PRINT CLEARLY  
**\*ALL ITEMS HIGHLIGHTED IN RED MUST BE COMPLETED\***

## BRIGHAM CITY BUILDING PERMIT APPLICATION

*Date of Application		*Date Work Starts		Receipt No.	Date Issued	Permit no.												
*Proposed Use of Structure				<b>BUILDING FEE SCHEDULE</b>														
*Building Address				*Valuation \$														
Address Certificate Number		Assessors Parcel Number		Square Feet of Building	Building Fees													
Lot #		Block		<input type="checkbox"/> Rough Basement														
Subdivision Name & Number				<input type="checkbox"/> Finish Basement		Plan Check Fees												
Property Location		<input type="checkbox"/> If metes and bounds see instructions		Carport Sq. Feet		Electrical Fees												
Total Property Area—In Acres or Sq. Ft.		Total Building Site Area Used		Garage Sq. Feet		Plumbing Fees												
Business Name (if applicable)				No. of Building	R. Value	Mechanical Fees												
*Owner of Property		*Phone		No. of Stories	Walls	Roof												
*Mailing Address		*City—Zip		No. of Dwellings	R	R												
*Architect/Engineer		*Phone		Type of Const.	Occ. Group													
*General Contractor		*Phone		No. of Bedrooms		Maximum Occupancy												
*Business Address, City, State, Zip		*State License No.		Fire Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Fee												
*Electrical Contractor		*Phone		Type of Construction:		Deposit												
*Business Address, City, State, Zip		*State License No.		<input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Brick Variation <input type="checkbox"/> Concrete <input type="checkbox"/> Frame <input type="checkbox"/> Steel		Prepay (      )												
*Plumbing Contractor		*Phone		<b>IMPACT FEE SCHEDULE</b>														
*Business Address, City, State, Zip		*State License No.		Storm Drain: Site Area _____														
*Mechanical Contractor		*Phone		Impervious Surface _____														
*Business Address, City, State, Zip		*State License No.		Water (ERUs= _____)														
*Previous Usage of Land or Structure (Past 3 Years)				Parks & Recreation _____														
*Dwelling Units Now on Lot		*Accessory Buildings Now on Lot		Electric (Site Area: _____)														
*Type of Improvement/Construction				Sewer (ERUs= _____)														
<input type="checkbox"/> Addition <input type="checkbox"/> Build <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish <input type="checkbox"/> Fence <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Sign				<b>Grand Total</b>														
*No. of off street parking spaces: Covered: _____ Uncovered: _____				Comments:														
<b>SUB-CHECK</b>		ZONE		Zone Approved By:														
<input type="checkbox"/> Disapproved <input type="checkbox"/> Approved		Date		Sub Check By:														
<table border="1" style="width: 100%; text-align: center;"> <tr><th colspan="4">Minimum Setbacks in Feet</th></tr> <tr><th>Front</th><th>Side</th><th>Side</th><th>Rear</th></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		Minimum Setbacks in Feet				Front	Side	Side	Rear					<p style="text-align: center;">Plot Plan</p>		Signature of Approval: _____ Date		
Minimum Setbacks in Feet																		
Front	Side	Side	Rear															
Indicate Street if Corner lot				<p style="text-align: center;">This permit becomes null and void if work or 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. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.</p>														
Indicate North		<p style="text-align: center;">Street</p>		*Signature of Contractor or Authorized Agent _____ Date														
				*Signature of Owner (If Owner) _____ Date														

NOTE: 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS