

BUILDING PERMIT APPLICATION

Emery County Building Department

Date: _____	Permit No. _____
-------------	------------------

APPLICANT INFORMATION (Please Print or Type) ↓

Property Owner: _____ Phone: _____ Cell: _____
Address: _____ Box #: _____ City: _____ Zip: _____
Job Site Address: _____ City: _____
Property Tax ID#: _____ Application For: _____

CLASS OF WORK

1. New 2. Alteration 3. Addition 4. Repair 5. Move 6. Other

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

=====

******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**