



DETACHED ACCESSORY STRUCTURE

Please Print legibly and complete all areas.	Date of Application	Date Issued	Parcel Number - -	Receipt No.	Permit Number:
	Property Address:			Valuation (Value of Project):	
	Owner of Property:			Owner Phone Number:	
	Owner Address if different than above:			Owner email:	
	Contractor:			Contractor Phone #:	
	Contractor Business Address:			Contractor License #: (If applicable)	
	Contractor email: (Inspection results sent to this email)				

Permit Fee Calculation: -Office Use Only-

Square footage of structure:	
Modifier type:	
Storage building (\$21.00 Per sq. ft.)	<input type="checkbox"/>
Utility Miscellaneous (35.55)	<input type="checkbox"/>
Square footage times modifier =Valuation (market value):	\$
Building Permit:	701 \$
Plan Review fee:	706 \$
State 1% surcharge:	707 \$
TOTAL:	\$

This permit, once issued, 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. 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 I make this statement under penalty of perjury.

I agree to abide by the service regulations of Brigham City's Public Utilities. I further agree to pay Brigham City all incurred charges for utility services rendered as requested herein. In the event that I fail to pay for utility services when due, I agree that utility services may be discontinued and I will pay all costs of collection, including a reasonable attorney's fee, court costs and collection fees of up to 50% of the balance due. I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of owner or authorized agent:

Date: _____

Planning and Zoning on Reverse Side

Call 435-734-6604 for Inspections:

24 hour notice is required in order to schedule an inspection

This application does not become a permit until signed below.

Office Use Only	Signature of Approval

Date:	_____

