



COALVILLE CITY BUILDING PERMIT APPLICATION

Phone 435-336-5981 Fax 435-336-2062

Note: A minimum 24 hour notice is required on all inspection requests

This side of form for office use only!

Owner of Property: _____		Phone: _____	
Mailing Address: _____			
Bldg. Address: _____			
Proposed use of Structure: _____		Assessors Parcel No. _____	
Subd. Name: _____	Lot # _____	Date of Application _____	
Acres in Parcel _____	Building Footprint _____		
# of Bldgs. now on site _____	# of Dwellings now on site _____	# of out Bldgs on site _____	
Type of Improvement / Construction			
Sign _____	New Const: _____	Remodel: _____	
Repair: _____	Move: _____	T/I: _____	
Addition: _____	Demo: _____		
Architect or Engineer: _____			
Area Code: _____		Phone: _____	
General Contractor: _____			
Address: _____ _____ _____			
Lic. No.: _____			
Area Code: _____		Phone: _____	
Electrician: _____			
Area Code: _____		Phone: _____	
Lic. No.: _____			
Plumber: _____			
Area Code: _____		Phone: _____	
Lic. No.: _____			
HVAC: _____			
Area Code: _____		Phone: _____	
Lic. No.: _____			

This permit becomes null and void if work or construction is not commenced within 180 days after permit has been issued, or if construction is suspended or abandoned for a period of 180 days at any time after work is begun. I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Contractor Date

Signature of Owner Date

(Make checks payable to Coalville City)

Permit Number _____	Date Issued _____	Utah State Permit Number _____
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Square feet of building:	Fees for Building Permit:
Finished Bsmt _____	Valuation _____
Main Level _____	Building Fee _____
2nd Floor _____	Plan Review _____
3rd _____	Electrical _____
Garage _____	Plumbing _____
Deck _____	HVAC _____
Other _____	Permitted Use _____
Number of Dwellings: _____	Water _____
	Sewer _____
	Demolition _____
	Double Fee _____
	State 1% _____
Occupancy: _____	
Number of Stories: _____	Sub Total: _____
Type Construction: _____	
Roof Snow Load: _____	Impact Fees: _____
Other Requirements: _____	Culinary Water _____
	Sewer _____
	Sub Total: _____
	Total: _____

APPROVALS:

Zoning:	Zoning District: _____
Setbacks:	Front Yard: _____ Rear Yard: _____
	Side Yards: _____
	Left: _____ Right: _____
_____ Community Development Director	_____ Date

Public Works:	
_____ Public Works Representative	_____ Date

Building:	
_____ Building Representative	_____ Date

NS Fire District:	
_____ NS Fire District	_____ Date