

# BUILDING PERMIT APPLICATION

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Application Date   | Construction Type                       | Plans Requested<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Survey Requested<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Plot Plan Requested<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Permit #   |
| <b>To be filled in by Applicant. PLEASE PRINT CLEARLY AND FIRMLY</b>   |   |   |  |   |  |
| Owner:   |   |   | Phone:   |   |  |
| Mailing Address:   |   |   | Date Issued _____  |   |  |
| JOB SITE ADDRESS:  |   |   | Zone _____   |   |  |
| Lot No.:   |   |   | Subdivision:   |   |  |
|  |   |   | Sec/Twp/Rng  |   |  |
| <b>Existing Use of Parcel</b>  |   |   | <b>Intended Use of Parcel</b>  |   |  |
| <input type="checkbox"/> Vacant  | <input type="checkbox"/> Comm/Specify   | <input type="checkbox"/> Agricultural                                       | <input type="checkbox"/> Comm/Specify  |   |  |
| <input type="checkbox"/> Agricultural  | <input type="checkbox"/> Indust/Specify | <input type="checkbox"/> Single Family                                      | <input type="checkbox"/> Indust/Specify                                      |   |  |
| <input type="checkbox"/> Single Family   | <input type="checkbox"/> Other/Specify  | <input type="checkbox"/> Duplex   | <input type="checkbox"/> Other/Specify                                       |   |  |
| <input type="checkbox"/> Duplex  |   | <input type="checkbox"/> Multi-Units  |  |   |  |
| <input type="checkbox"/> Multi-Units   |   |   |  |   |  |
| <input type="checkbox"/> Owner Occ.  | No Units                                | No Bedrooms   | No Stories   | Occupant Load   |  |
| <input type="checkbox"/> Rental  |   |   |  |   |  |
| Bldg. Dimensions<br>x  |   | Carport/Garage Dim<br>x   |  | Attached<br>Yes No  | No. of Parking   |
|  |   |   |  | Fireplace<br>Yes No   |  |
| Lot Dimensions   |   | No. of Units<br>now on Lot  |  | Other Buildings<br>now on Lot   |  |
| Contractor   |   |   | Arch/Eng   |   | Telephone  |
| Contractor's Mailing Address   |   |   | Telephone  |   |  |
|  |   |   |  |   | <b>INSPECTION TYPE</b>   |
|  |   |   |  |   | <b>FEE</b>   |
|  |   |   |  |   | Mobile Hookup  |
|  |   |   |  |   | Temp Power   |
|  |   |   |  |   | Sewer Line   |
|  |   |   |  |   | Water Line   |
|  |   |   |  |   | Fence  |
|  |   |   |  |   | Other  |
|  |   |   |  |   | <b>Plan Check Fee</b>  |
|  |   |   |  |   | <b>Bldg Permit Fee</b>   |
|  |   |   |  |   | <b>Total Fee</b>   |
|  |   |   |  |   | <b>Total Valuation</b>   |
|  |   |   |  |   | <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____ |
|  |   |   |  |   | Receipt No. _____  |
| <b>APPLICANT: PLEASE READ CAREFULLY</b>  |   |   |  |   |  |
| I hereby agree to comply with all City, County and State Building laws and Ordinances, and 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 authorized construction is not commenced within 180 days or if construction of work is suspended or abandoned for a period of 180 days at any time after work is commenced. |   |   |  |   |  |
| <b>OCCUPANCY OF STRUCTURE IS PROHIBITED UNTIL AFTER FINAL INSPECTION AND ZONING AND OCCUPANCY COMPLIANCE CERTIFICATE IS ISSUED.</b>  |   |   |  |   |  |
| <b>I HAVE CHECKED THE SEWER DEPTH OF ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING BUILDING ACCORDINGLY.</b>  |   |   |  |   |  |
| Owner's Signature _____  |   |   |  |   |  |
| Contractor's Signature _____   |   |   |  | License No. _____   |  |
| Mailing Address _____  |   |   | Telephone _____  |   |  |
| <b>APPROVAL OF SEWAGE FACILITY (Private System Only)</b>   |   |   |  | <b>MINIMUM SETBACK DISTANCES FROM PROPERTY LINE:</b>                            |  |
| The applicant agrees to construct sewage facilities in conformity with East Carbon City and Utah State Regulations.  |   |   |  |   |  |
| _____ gallons septic tank _____ seepage pit  |   |   |  |   |  |
| Absorption field _____ lineal feet of 3 ft. wide trench  |   |   |  |   |  |
| Absorption bed _____ sq. ft. Water Supply _____  |   |   |  |   |  |
| Approved _____ Date _____  |   |   |  |   |  |
| <i>Carbon County Health Department</i>   |   |   |  |   |  |
| Notes:   |   |   |  |   |  |
| COMMENTS:  |   |   |  |   |  |