

Duchesne County Department of Building Safety 734 North Center St., P.O. Box 317

734 North Center St., P.O. Box 317 Duchesne, Utah 84021-0317 Phone (435) 738-1150

NOTE: 48 hour minimum notice is required for all inspections.

III DINC PERMIT APPLICATION



BUILDING PERMIT APPLICATION	
BECOMES PERMIT WHEN STAMPED APPROVED	
ALL ITEMS WITH (★) MUST BE FILLED OUT	-

*Date		Receipt Number Date Issued			DC Perr	mit Number			
*Proposed Use Of Structure		BUILDING FE				E SCHEDULE			
		Square Ft. Of Building				Valuation			
*Building Site Address		1rst Floor Sq. Ft.				Building Fees			
		2 nd floor Sq. F				Plan Review Fees			
Lot # Block / Phase *Assessors Serial Number			Basement \Box R \Box F			Electrical Fees			
*Subdivision Name / Area		Decks / Patios				Plumbing			
Suburvision Name / Area		Carport Sq. Ft.				Mechanical Fees			
*Property Location / Legal Description		Garage Sq. Ft.				Water			
Toperty Location / Legal Description		Occupancy Group Max. Occupant Lo				Sewer Storm Se	awer		
*Total Property Area (in acres or square feet) Total Building Site Area		No. of Dwellings				Moving			
	No. of Bedrooms	Units			Tempora				
*Property Owner	Phone:	No. of Bldgs.		R	Value	Violation	-		
1 2	H:	No. of Stories		Walls	Roof	Other			
*Mailing Address	C:	Const. Type		vv ull5	Roor		Surcharge		
-		Const. Material:	Wood	Frame [⊐ MFH		Total Fees		
*City State Zip		🗆 Modular 🗅 Blo					us Deposit		
		Fire Sprinklers:	Yes	N			fotal Due		
Business Name	Business License No.			I	1				
		Building Inspec	tor Sig	nature:					
Business Address		Comments and	Restri	ictions:					
Architect or Engineer of Record									
*General Contractor									
"General Contractor	O. Phone C. Phone								
Mailing Address	Ut. St. License Number	Plan Reviewed		1					
Maning Address	Ot. St. License Number	Special Board of Adjust		vals	k	Required	Received	Denied	
*Electrical Contractor		Soils Report	ment						
	O. Phone C. Phone	Health Departm	ent (Se	ntic)					
Mailing Address	Public Sewer ()		pile)						
-	Health Departm	ent (Pri	vate Wa	ter)					
*Plumbing Contractor	Well Permit								
	O. Phone C. Phone	Public Water						_	
Mailing Address	Fire Department	t							
	Wildland Urban	-Interfa	ace						
*Mechanical Contractor	O. Phone	Road Access							
C. Phone Ut. St. License Number		Health Departm							
		Bond Required	Ye		No	Amou	nt	1	
*Previous Use of Land or Structure		Architectural Co	ommitte	ee					
Tevious ose of Land of Structure	Signature of A	nnroug	1.						
*Dwelling Units Now on Lot *Ac	cessory Buildings Now on Lot				to this	annlia	otion or	a subject	
	Decisions relative to this application are subject								
*Type of Improvements / Kind of Construction	to review by the chief executive officer of the								
□ Sign □ Build □ Remodel □ A □ Repair □ Move □ Convert Use □ D	municipal or county entity issuing the single-								
Number of Off Street Parking Spaces:		family re	sider	ntial	build	ing per	rmit and	1 appeal	
	overed	under the							
SUB-CHECK Zone	Zone Approved By								
		adopted by							
Disapproved Approved Date Sub-Ck		void if work or construction authorized is not commenced within 180 days from the issue date, or work is suspended or abandoned for a							
Approved Date Sub-Ck By:	Plot Plan	period of 180 days at any time after work is commenced. I hereby							
by.		certify that I have read and examined this application and know the							
Setbacks in Feet	same to be true and correct. All provisions of laws and ordinances								
Front Side Side Rear	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								
<u>.</u>	make this state					. constructit	m and that I		
		indie uns suut				- Perjury.			
Indicate Street					-				
If Corner Lot	Signature of Con	ntractor	or Autho	orized Age	nt		Date		
		-							