***Duchesne County***

***Department of Building Safety***

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.**

**BUILDING PERMIT APPLICATION**

*BECOMES PERMIT WHEN STAMPED APPROVED*

**ALL ITEMS WITH () MUST BE FILLED OUT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Application Date** | | | | | | | | | | | | | **Receipt Number** | | | | | | | | **Date Issued** | | | | | | | **Permit Number** | | | | |
| **\*Property Owner** | | | | | | | | | | | | | | | | | | | | | | **Phone: H:** | | | | | | | | **C:** | | |
| **Email:** | | | | | | | | | | |
| **\*Mailing Address** | | | | | | | | | | | | | **\*City** | | | | | | | | | **\*State** | | | | | | | | **\*Zip** | | |
| **\*Proposed Use Of Structure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Subdivision Name** | | | | | | | | | | | | | | | **Block / Phase** | | | | **Lot #** | | | | | **\*Parcel / Assessors Serial Number** | | | | | | | | |
| **\*Building Site Address** | | | | | | | | | | | | | **\*City / Area** | | | | | | | | **\*County**  Duchesne | | | | **\*State**  Utah | | | | **\*Zip** | | | |
| **\*Property Location / Legal Description:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **\*Total Property Area (acres / sq. ft.)** | | | | | |
| **Total Building Site Area** | | | | | |
|  | | **Owner Builder or** | | | | **General Contractor** | | | | | | | | | | | | | | **Contact Name** | | | | | | | **O. Phone**:  **C. Phone:** | | | | | |
| Decisions relative to this application are subject to review by the chief executive officer of the municipal or county entity issuing the single-family residential building permit and appeal under the International Residential Code as adopted by the Legislature. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permits become null and void if work or construction authorized is not commenced within 180 days from the issue date, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I have read and examined this application and know the same to be true and correct. 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 performance of construction and that I make this statement under penalty of perjury. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | |  | |  | |  | | | | | | | | | | | | |  |  |
| Signature of Owner (if owner builder) | | | | | | | | | | |  | | | Date | |  | | Signature of Contractor or Authorized Agent | | | | | | | | | | | | |  | Date |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Special Approvals** | | | | | | | **REQ.** | | **Reference / Permit Number** | | | | | | | **Date Received** | | | | | | **Plan Reviewed By:** | | | | | | | | | | |
| Board of Adjustment | | | | | | |  | |  | | | | | | |  | | | | | | **Comments and Restrictions:** | | | | | | | | | | |
| Soils Report | | | | | | |  | |  | | | | | | |  | | | | | |
| Health Department Waste Water | | | | | | |  | |  | | | | | | |  | | | | | |
| Public Sewer (City / District) | | | | | | |  | |  | | | | | | |  | | | | | |
| Health Department (Private Water) | | | | | | |  | |  | | | | | | |  | | | | | |
| Well Permit | | | | | | |  | |  | | | | | | |  | | | | | |
| Public Water (City / District) | | | | | | |  | |  | | | | | | |  | | | | | |
| Fire Department | | | | | | |  | |  | | | | | | |  | | | | | |
| Wildland Urban-Interface | | | | | | |  | |  | | | | | | |  | | | | | |
| Road Access | | | | | | |  | |  | | | | | | |  | | | | | |
| Health Department Commercial | | | | | | |  | |  | | | | | | |  | | | | | |
| Bond Required | | Yes |  | No | |  | | Amount | | | $ | | | | | Architectural Committee | | | | | | | | |  | | | | | | | |
| **Building Inspector Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUILDING FEE SCHEDULE** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total Square Ft. Of Building** | | | | | | | |  | | | | | | **Valuation** | | | | | | |  | | | |
| 1st Floor Sq. Ft. | | | | | | | |  | | | | | | Building Fees | | | | | | | |  | | |
| 2nd floor Sq. Ft. | | | | | | | |  | | | | | | Plan Review Fees | | | | | | | |  | | |
| Basement Rough Finish | | | | | | | |  | | | | | | Electrical Fees | | | | | | | |  | | |
| Decks / Patios | | | | | | | |  | | | | | | Plumbing Fees | | | | | | | |  | | |
| Carport Sq. Ft. | | | | | | | |  | | | | | | Mechanical Fees | | | | | | | |  | | |
| Garage Sq. Ft. | | | | | | | |  | | | | | | Water | | | | | | | |  | | |
| Occupancy Group | | | | | | | |  | | | | | | Sewer | | | | | | | |  | | |
| Max. Occupant Load: | | | | | | | |  | | | | | | Storm Sewer | | | | | | | |  | | |
| No. of Dwellings Units | | | | | | | |  | | | | | | Moving or Demo | | | | | | | |  | | |
| No. of Bedrooms | | | | | | | |  | | | | | | Temporary Connection (90 Days) | | | | | | | |  | | |
| No. of Bldgs. | |  | | | | R. Value | | | | | | | | Violation | | | | | | | |  | | |
| No. of Stories | |  | | | | Walls | | | | | | Roof | | Other | | | | | | | |  | | |
| Const. Type | |  | | | |  | | | | | |  | | 1% State Surcharge | | | | | | | |  | | |
| Const. Material: Wood Frame MFH | | | | | | | | | | | | | | **Total Fees** | | | | | | | |  | | |
| Modular Block Concrete Steel | | | | | | | | | | | | | |  | | | **Minus Deposit** | | | | |  | | |
| Fire Sprinklers: | | | Yes | | | |  | | | No | | |  |  | | | | | **Total Due** | | |  | | |
| Building Inspector Signature: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***Previous Use of Land or Structure | | | | | | | | | | | | | | **Set Backs** | | | | | | | | | | |
|  | Disapproved |  | Approved | | | **Date:** | | |  | |
| **\***Dwelling Units Now on Lot | | | | **\***Accessory Buildings Now on Lot | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Setbacks in Feet | | | | | | | | | | | | | | | | | | | | | | | | | **Front** (Faces) | | | | | | **Side** (Faces) | | | | | | **Side** (Faces) | | | | | | **Rear** (Faces) | | | | | | | **N** | | **S** | **E** | | **W** | **N** | | **S** | **E** | | **W** | **N** | | **S** | **E** | | **W** | **N** | | **S** | **E** | | **W** | |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  | | Set Back | | | |  | | Set Back | | | |  | | Set Back | | | |  | | Set Back | | | |  | | |  | Street | | | | |  | Street | | | | |  | Street | | | | |  | Street | | | | | | | | | | | | | | | |
| **\***Type of Improvements / Kind of Construction  Sign Build Remodel Addition  Repair Move Convert Use Demolish  New Installation | | | | | | | | | | | | | |
| Number of Off Street Parking Spaces: | | | | | | | | | | | | | | Minor Subdivision Approval: | | | | | | | | | | |
| Covered |  | | | | Uncovered | | | | | |  | | | Conditional Use Permit Approval: | | | | | | | | | | |
| Zone | Zone Approved By | | | | | | | | | | | | | Signed: | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Architect of Record | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone  C. Phone | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| Engineer of Record | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone  C. Phone | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **\***General Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Concrete Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Framing Contractor | | | | | | | | | Mailing Address : | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Electrical Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Plumbing Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Mechanical Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Insulation Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Drywall Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |
| **\***Exterior Finish Contractor | | | | | | | | | Mailing Address: | | | | | | | | | O. Phone:  C. Phone: | | | | | | Ut. St. License Number |
| E-Mail: | | | | | | | | |