



# BUILDING PERMIT APPLICATION

Emery County Building Department  
75 E Main, PO Box 417  
Castle Dale, Utah 84513  
(435) 381-3555

<b>APPLICANT INFORMATION (Please Print or Type) ↓</b>	Date: _____	Permit No. _____
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Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ Box #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Site Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Property Tax ID#: \_\_\_\_\_ Application For: \_\_\_\_\_

CLASS OF WORK			
1. New <input type="checkbox"/>	2. Alteration <input type="checkbox"/>	3. Addition <input type="checkbox"/>	4. Repair <input type="checkbox"/>
5. Move <input type="checkbox"/>	6. Other <input type="checkbox"/>		
7. Use of Building	8. No. of Floors	9. Size of Building	10. Size of Lot
11. Type of Construction	12. Occupancy Class	13. Occupant Load	14. Zone

### CONTRACTOR INFORMATION

<b>General Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	<b>Architectural Engineer:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
<b>Electrical Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	<b>Plumbing Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
<b>Heating Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	<b>Cement Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____
<b>Excavation Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____	<b>Septic System Contractor:</b> _____ Address: _____ Zip: _____ Phone: _____ Cell: _____ License #: _____ ***Signature: _____

### MANUFACTURED HOMES

Manufacturer: _____	Year: _____	Model #: _____
Dealer: _____	Dimensions: _____ x _____	
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Cell: _____	Fax: _____
Installation Contractor: _____	License #: _____	
Address: _____	City: _____	State: _____ Zip: _____
Phone: _____	Cell: _____	Fax: _____
***Signature _____		

**\*\*\*SIGNATURES ARE REQUIRED FOR PROCESSING APPLICATION**

BUILDING TYPE & FEE CALCULATION			
Type	Sq. Ft Area	Sq. Ft Value	Total Value
Basement ___ Rough ___ Finished			
Main Floor			
Second Floor			
Garage			
Carport			
Covered Porch / Patio / Deck			
On Site Improvements			
Storage Shed			
Remodel			
Electrical Inspection			
Gas Inspection			
Commercial Building			
Other			
<b>TOTAL VALUATION</b>			

**Applicant Please Read Carefully:**

Applicant agrees to comply with all applicable City, County, and State Building Laws and Ordinances, and certifies 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 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.

**Occupancy of structure is prohibited until after final inspection and Certificate of Occupancy issued.**

\*\*Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: 24 hour notice is required for all inspections**

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**\*\*\*\*OFFICE USE ONLY\*\*\*\***

Check #: _____	BASE BUILDING PERMIT FEE	\$ _____
Cash: _____	+Plan Check Fee (Base x .65)	\$ _____
	SUBTOTAL	\$ _____
	+80% of 1% State Surcharge Fee	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

BUILDING PERMIT NO.: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

APPROVED FOR ISSUE BY: \_\_\_\_\_

**\*\*SIGNATURE REQUIRED FOR PROCESSING APPLICATION**