

COMMERCIAL BUILDING PERMIT APPLICATION

Ballard City
 2381 E. 1000 S.
 Ballard UT 84066
 435-722-3393
 kmeyers@gmail.com



DATE ISSUED	PERMIT NUMBER	UINTAH CO ASSESSOR'S PARCEL NUMBER
-------------	---------------	------------------------------------

PROPERTY OWNER + JOB SITE INFORMATION	
PROPERTY OWNER NAME <i>(please print)</i>	OWNER EMAIL + PHONE <i>(please print)</i>
OWNER MAILING ADDRESS <i>(street – city – state – zip)</i>	
BUSINESS NAME	LOT NUMBER
JOB SITE STREET ADDRESS	Who will be paying for the monthly utility bill when the water meter is installed? <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/> GENERAL CONTRACTOR

BUILDING PERMIT INFORMATION			
<input type="checkbox"/> NEW COMMERCIAL BUILDING	<input type="checkbox"/> REPAIR-MECHANICAL	EXISTING WATER METER: <input type="checkbox"/> Y <input type="checkbox"/> N WATER METER SIZE: <input type="checkbox"/> ¾" <input type="checkbox"/> 1" <input type="checkbox"/> 1½" <input type="checkbox"/> 2"	EXISTING SEWER SERVICE: <input type="checkbox"/> Y <input type="checkbox"/> N SEWER-TYPE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> SMALL USE <input type="checkbox"/> HEAVY USE
<input type="checkbox"/> TRIPLEX MULTI-FAM DWELLING	<input type="checkbox"/> REPAIR-GAS LINE		
<input type="checkbox"/> 4-PLEX MULTI-FAM DWELLING	<input type="checkbox"/> REPAIR-ELECTRICAL		
<input type="checkbox"/> ADDITION TO BUILDING	<input type="checkbox"/> INTERIOR FINISH		
<input type="checkbox"/> REMODEL EXISTING BUILDING	<input type="checkbox"/> OTHER _____		

CONTRACTOR INFORMATION	
NOTE: All proposed commercial buildings or multiple dwelling units of three (3) or more units must have an architect and/or engineer seal.	
LICENSED GENERAL CONTRACTOR'S NAME	UTAH LICENSE NUMBER
GENERAL CONTRACTOR MAILING ADDRESS <i>(street – city – state – zip)</i>	
GENERAL CONTRACTOR CONTACT INFORMATION <i>(phone – city – cell – email (if known))</i>	
ARCHITECT CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	
ENGINEER CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	
ELECTRICAL CONTRACTOR CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	
MECHANICAL CONTRACTOR CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	
PLUMBING CONTRACTOR CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	
FIRE PROTECTION CONTRACTOR CONTACT INFORMATION <i>(name – city – cell – Utah license number)</i>	

FEE INFORMATION		
SQUARE FOOTAGE OF EXCAVATION _____ sq ft.	Decisions relative to this application are subject to review by the chief executive officer of the municipal entity issuing this building permit and appeal under the International Building Code as adopted by the Legislature. This permit becomes null and void if the work or construction authorized is not commenced within 180 days. 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 compiled 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 authority regulating construction or performance of construction, and I make this statement under the penalty of perjury. _____ DATE _____ Signature of Contractor or Owner if Owner/Builder _____ DATE _____ Signature of Building Inspector – Permit Approval	
VALUATION \$ _____		
ITEM		CITY FEE
Building Permit		
Electrical Repair		
Gas Line Change-out		
Plan Check Fee		
State Fee		
TOTAL CITY FEES		\$ _____
PAID: <input type="checkbox"/> CHECK <input type="checkbox"/> CC <input type="checkbox"/> CASH <input type="checkbox"/> XPRESS BILLPAY DATE _____		
ITEM	WATER FEE	
Water Impact Fee		
Sewer Connection – Commercial		
TOTAL WATER FEES	\$ _____	
PAID: <input type="checkbox"/> CHECK <input type="checkbox"/> CC <input type="checkbox"/> CASH <input type="checkbox"/> XPRESS BILLPAY DATE _____		

NOTICE: You are required to properly contain building litter and debris on the building site. Use an authorized container according to Title 8.06 – Health and Safety Code of Ballard City. Violators will be cited. 24-hour notice required for building inspections (contact Jim Lisonbee at 435-724-2318).

COMMENTS: _____