

RESIDENTIAL / DUPLEX 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
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PROPERTY OWNER + JOB SITE INFORMATION		
OWNER NAME <i>(please print)</i>	OWNER EMAIL <i>(please print)</i>	
OWNER MAILING ADDRESS <i>(street – city – state – zip)</i>	OWNER PHONE	
LOT NUMBER	SUBDIVISION NAME	
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 SINGLE FAMILY DWELLING	<input type="checkbox"/> REMODEL EXISTING HOME	<input type="checkbox"/> OWNER-OCCUPIED	WATER METER SIZE: <input type="checkbox"/> ¾" <input type="checkbox"/> 1"
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> BASEMENT FINISH	<input type="checkbox"/> RENTER-OCCUPIED	
<input type="checkbox"/> ACCESSORY DWELLING UNIT	<input type="checkbox"/> ADDITION TO EXISTING HOME	BEDROOMS _____	SEWER: <input type="checkbox"/> SF DWELLING <input type="checkbox"/> DUPLEX
<input type="checkbox"/> NEW GARAGE DETACHED	<input type="checkbox"/> HOME REPAIR - GAS LINE	BATHROOMS _____	SECONDARY WATER SERVICE: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> NEW GARAGE ATTACHED	<input type="checkbox"/> HOME REPAIR - ELECTRICAL	STORIES ABOVE GRADE _____	
<input type="checkbox"/> NEW CARPORT/PATIO COVER	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> SHED			

CONTRACTOR INFORMATION	
If Owner/Builder – check here <input type="checkbox"/> and go to "Electrical Contractor" section.	
LICENSED GENERAL CONTRACTOR'S NAME	UTAH LICENSE NUMBER
GENERAL CONTRACTOR MAILING ADDRESS <i>(street – city – state – zip)</i>	
GENERAL CONTRACTOR CONTACT INFORMATION <i>(phone – cell – email (if known))</i>	
ELECTRICAL CONTRACTOR CONTACT INFORMATION <i>(name – address – cell – Utah license number)</i>	
MECHANICAL CONTRACTOR CONTACT INFORMATION <i>(name – address – cell – Utah license number)</i>	
PLUMBING CONTRACTOR CONTACT INFORMATION <i>(name – address – 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		
Gas Line Change-out		
Shed		
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 - Residential		
Sewer Connection – Duplex		
Secondary Water		
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: _____