

PLEASE TYPE OR PRINT CLEARLY & REMEMBER TO PRESS DOWN, YOU ARE MAKING SEVERAL COPIES
***ALL ITEMS WITH AN ASTERISK MUST BE COMPLETED**

BOX ELDER COUNTY BUILDING PERMIT APPLICATION

*Date of Application	*Date Work Starts	Receipt No.	Date Issued	Permit No.
*Reason for Application		BUILDING FEE SCHEDULE		
*Building Address		Square Ft. of Building	*Valuation \$	
Assessors Parcel No.		<input type="checkbox"/> Rough Basement	Building Fees	
*Total Property Area - In Acres or Sq. Ft.		<input type="checkbox"/> Finish Basement	Plan Check Fees	
*Total Building Site Area Used		Carport Sq. Feet	Electrical Fees	
Business Name (If applicable)		Garage Sq. Feet	Plumbing Fees	
*Owner of Property	*Phone	No. of Building	R. Value	Mechanical Fees
*Mailing Address	*City - Zip	No. of Stories	Walls	Roof
*Email:		No. of Dwellings	R	R
*Architect/Engineer	*Phone	Type of Const.	Occ. Group	
*General Contractor	*Phone	No. of Bedrooms	Maximum Occupancy	
*Business Address, City, State, Zip	*State License No.	Type of Construction:		
*Email:		<input type="checkbox"/> Block	<input type="checkbox"/> Brick	<input type="checkbox"/> Brick Variation
*Electrical Contractor	*Phone	<input type="checkbox"/> Concrete	<input type="checkbox"/> Frame	<input type="checkbox"/> Steel
*Business Address, City, State, Zip	*State License No.			Subtotal
*Email:		IMPACT FEE SCHEDULE		
*Plumbing Contractor	*Phone	Storm Drain: Site Area _____		
*Business Address, City, State, Zip	*State License No.	Impervious Surface: _____		
*Email:		Comments:		
*Mechanical Contractor	*Phone			
*Business Address, City, State, Zip	*State License No.			
*Email:				
*Previous Usage of Land or Structure (Past 3 Years)		Water Meter Size: _____ Water Service Size: _____		
*Dwelling Units Now on Lot	*Accessory Buildings Now on Lot	Deposit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____		
Type of Improvement/Construction:		This application does not become a permit until signed below		
<input type="checkbox"/> Addition	<input type="checkbox"/> Build	<input type="checkbox"/> Convert Use	<input type="checkbox"/> Demolish	
<input type="checkbox"/> Fence	<input type="checkbox"/> Remodel	<input type="checkbox"/> Repair	<input type="checkbox"/> Sign	
TIME	ZONE	Zone Approved By: _____		
<input type="checkbox"/> Disapproved	Date	Sub-Check By: _____		
<input type="checkbox"/> Approved				
Minimum Setbacks in Feet				
Front	Side	Side	Rear	
Comments:				
<p>This permit becomes null and void if work or 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. 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 the performance of construction and that I make this statement under penalty of perjury.</p>				
Signature of Contractor or Authorized Agent			Date	
Signature of Owner (If Owner)			Date	

NOTE: 24 HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS