

# NEPHI CITY BUILDING PERMIT APPLICATION

|                   |                     |                   |  |                              |
|-------------------|---------------------|-------------------|--|------------------------------|
| Application Date: | Date Permit Issued: | Permit Issued By: | Construction:<br><input type="checkbox"/> New <input type="checkbox"/> Remodel | Permit Number:<br><b>NEP</b> |
|-------------------|---------------------|-------------------|--|------------------------------|

**To Be Filled in By Applicant PLEASE PRINT OR TYPE:**

|                    |        |
|--------------------|--------|
| Owner Last, First: | Phone: |
|--------------------|--------|

|                          |
|--------------------------|
| Owner's Mailing Address: |
|--------------------------|

|                                 |
|---------------------------------|
| JOB SITE (Approximate Address): |
|---------------------------------|

|                                   |
|-----------------------------------|
| Assigned Address (CITY USE ONLY): |
|-----------------------------------|

| Existing Use of Parcel                  |  | Intended Use of Parcel                  |  | Lot Dimensions  | No. Dwell Units   |
|---|--|---|--|---|---|
| <input type="checkbox"/> Vacant         | <input type="checkbox"/> Commercial  | <input type="checkbox"/> Agriculture    | <input type="checkbox"/> Commercial    | X   | Now on Lot  |
| <input type="checkbox"/> Agriculture    | <input type="checkbox"/> Industrial  | <input type="checkbox"/> Single Family  | <input type="checkbox"/> Industrial    | Bldg. Dimensions  | Occupant Load<br>(Comm Only)  |
| <input type="checkbox"/> Single Family  | <input type="checkbox"/> Other/Specify   | <input type="checkbox"/> Duplex         | <input type="checkbox"/> Other/Specify | X   |   |
| <input type="checkbox"/> Duplex         |  | <input type="checkbox"/> Multiple Units |  | Carport/Garage Dim  |   |
| <input type="checkbox"/> Multiple Units |  |   |  | X   |   |
| No. Dwell Units                         | <input type="checkbox"/> Owner Occupied<br><input type="checkbox"/> Rental or Resell | No. of Bedrooms                         | No. of Stories                         | Fireplace<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Garage Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

|            |                           |        |
|------------|---------------------------|--------|
| Contractor | Arch. / Eng. (Comm. Only) | Phone: |
|------------|---------------------------|--------|

|                              |        |
|------------------------------|--------|
| Contractor's Mailing Address | Phone: |
|------------------------------|--------|

|                       |                                    |                                   |   |
|-----------------------|------------------------------------|-----------------------------------|---|
| <b>Floor</b>          | <input type="checkbox"/> Concrete  | <input type="checkbox"/> Wood     | <input type="checkbox"/> Metal  |
| <b>Ext. Walls</b>     | <input type="checkbox"/> Masonry   | <input type="checkbox"/> Frame    | <input type="checkbox"/> Stucco <input type="checkbox"/> Siding <input type="checkbox"/> Wood             |
| <b>Internal Walls</b> | <input type="checkbox"/> Masonry   | <input type="checkbox"/> Frame    | <input type="checkbox"/> Plaster <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Fiber Board |
| <b>Ceiling</b>        | <input type="checkbox"/> Open Beam | <input type="checkbox"/> Plaster  | <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Wood <input type="checkbox"/> Shake          |
| <b>Roof</b>           | <input type="checkbox"/> Wood Sh.  | <input type="checkbox"/> Com. Sh. | <input type="checkbox"/> Built-up <input type="checkbox"/> Metal <input type="checkbox"/> Solid           |
| <b>Heating</b>        | <input type="checkbox"/> Elect.    | <input type="checkbox"/> Nat. Gas | <input type="checkbox"/> Vacant <input type="checkbox"/> Vacant   |
| <b>Sewage</b>         | <input type="checkbox"/> Public    | <input type="checkbox"/> Private  |   |

|  |                  |
|--|------------------|
| <p>Bldg Inspector Signature</p> <hr/> <p>Zoning Admin Signature</p> <hr/> <p>Street Superintendent Signature</p> | <p>Comments:</p> |
|--|------------------|

**\*MUST SIGN ON PAGE 2 TO COMPLETE APPLICATION\***

**APPLICANT PLEASE READ CAREFULLY**

I agree to comply with all city, county and state building laws and ordinances. I certify that the representations in this application for a building permit are true and accurate, and I agree that any misrepresentations or errors herein are the sole responsibility of 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 INSPECTIONS AND CERTIFICATE OF OCCUPANCY IS ISSUED.

I HAVE CHECKED THE SEWER LOCATION & DEPTH AT ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING BUILDING ACCORDINGLY.

ALL NEW CONSTRUCTION REQUIRES A TOILET ON SITE BEFORE WORK COMMENCES.

If building in a subdivision (w/ the exception of Walnut Grove and South Towne Estates), recommendations in the soils report for this subdivision apply to this permit. \_\_\_\_\_ (Initial Here)

If building in a reimbursement area, additional fees will apply.

Owner's Name (Please Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Contractor's Signature: \_\_\_\_\_

License Number: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

|                             |  |             |                          |             |  |
|-----------------------------|--|-------------|--------------------------|-------------|--|
| Contractor License Verified | <input type="checkbox"/>                                 | Plot Plan   | <input type="checkbox"/> | Subdivision | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Building Plans              | <input type="checkbox"/>                                 | Subdivision | _____                    |             |  |
| Owner / Contractor          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot No      | _____                    |             |  |
| Certification               | <input type="checkbox"/>                                 | or          | _____                    |             |  |
|                             |  | Plat        | Block                    | _____       |  |
|                             |  | or          | _____                    |             |  |
|                             |  | Section     | Township                 | Range       | _____  |

| TYPE                | FEE               |
|---------------------|-------------------|
| Temp Power          | \$                |
| Electric Fee        | \$                |
| Electric Impact Fee | x \$2,072/EDU= \$ |
| Water Impact Fee    | x \$6,067/EDU= \$ |
| Water Fee           | \$                |
| Sewer Fee           | \$                |
| Gas Fee             | \$                |
| Engineering Fee     | \$                |
| Asphalt Fee         | \$                |
| Road Excavation Fee | \$                |
| Garbage Can Fee     | \$                |
| Plan Check Fee      | \$                |
| Sidewalk Deposit    | \$4,000.00        |
| Sidewalk Inspection | \$60.00           |
|                     | \$                |

| TYPE  | FEE     |
|---|---------|
| Building Permit Fee   | \$      |
| 1% State Fee  | \$      |
| TOTAL FEE   | \$      |
| Total Valuation   | \$      |
| <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK NO. _____ |         |
| FLOORS  | SQ. FT. |
| 1   |         |
| 2   |         |
| 3   |         |
| 4   |         |
| Carport / Garage  |         |
| Zone  |         |