

NEPHI CITY BUILDING PERMIT APPLICATION

Application Date:	Date Permit Issued:	Permit Issued By:	Construction: <input type="checkbox"/> New <input type="checkbox"/> Remodel	Permit Number: NEP
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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 (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 <input type="checkbox"/> Rental or Resell	No. of Bedrooms	No. of Stories	Fireplace <input type="checkbox"/> Yes <input type="checkbox"/> No	Garage Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

Contractor _____ Arch. / Eng. (Comm. Only) _____ Phone: _____

Contractor's Mailing Address _____ Phone: _____

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

<p>_____</p> <p>Bldg Inspector Signature</p> <hr/> <p>_____</p> <p>Zoning Admin Signature</p> <hr/> <p>_____</p> <p>Street Superintendent Signature</p>	<p>Comments:</p>
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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
Parks Impact Fee	\$
Electric Fee	\$
Electric Impact Fee	x \$2,075/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
Non-refundable Building Permit Deposit	\$1,000.00

TYPE	FEE
Building Permit Fee	\$
1% State Fee	\$
Permit Tracking 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	