

# JUAB COUNTY BUILDING PERMIT APPLICATION

Application Date \_\_\_\_\_

Permit Number \_\_\_\_\_

## OWNER INFORMATION (PLEASE PRINT OR TYPE)

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Site Address \_\_\_\_\_  
 \_\_\_\_\_

## PROPERTY INFORMATION

Property Serial Number \_\_\_\_\_  
 Property Location: Sec. \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
 Subdivision? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name \_\_\_\_\_ Lot # \_\_\_\_\_  
 Frontage on Existing County Road? Yes \_\_\_\_\_ No \_\_\_\_\_  
 # of feet \_\_\_\_\_  
 Distance from Nearest Building \_\_\_\_\_  
 And Its Use \_\_\_\_\_  
 Source of Water Supply \_\_\_\_\_  
 Type of Sewage Disposal \_\_\_\_\_  
 Intended Use of Property \_\_\_\_\_ Single Family Residential  
 \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Agricultural  
 \_\_\_\_\_ Other \_\_\_\_\_

## CONTRACTOR INFORMATION

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 State License No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_

## BUILDING INFORMATION

Dimensions W/O Garage: Width \_\_\_\_\_ Length \_\_\_\_\_  
 Garage Dimensions: Width \_\_\_\_\_ Length \_\_\_\_\_  
 Attached? Yes \_\_\_\_\_ No \_\_\_\_\_  
 No. of Stories \_\_\_\_\_  
 Type of Foundation \_\_\_\_\_  
 Type of Roof \_\_\_\_\_  
 Exterior Finish \_\_\_\_\_  
 Estimated Value \_\_\_\_\_  
 Type of Construction: \_\_\_\_\_ Residential \_\_\_\_\_ Electrical  
 \_\_\_\_\_ Commercial/Industrial \_\_\_\_\_ Shed/Garage  
 \_\_\_\_\_ Agricultural \_\_\_\_\_ Remodel/Addition  
 \_\_\_\_\_ Other \_\_\_\_\_

## APPLICANT PLEASE READ CAREFULLY

I agree to comply with all County and State Building Laws and Ordinances. I certify that the representations in this application for a building permit are true and accurate, and 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 INSPECTION AND CERTIFICATE OF OCCUPANCY IS ISSUED.**

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

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

## FOR DEPARTMENT USE ONLY

Verify each requirement has been met: <input type="checkbox"/> Acreage Requirement <input type="checkbox"/> Frontage Requirement <input type="checkbox"/> Building Plans Checked <input type="checkbox"/> Owner/Contractor Certif. <input type="checkbox"/> Property Pledge Recorded <input type="checkbox"/> Pledged Prop. Zoning Checked <input type="checkbox"/> Plot Plan on a Plat Map <input type="checkbox"/> Water Verified <input type="checkbox"/> Water Liability Release <input type="checkbox"/> Waste Water Permit <input type="checkbox"/> Address Assigned <input type="checkbox"/> Encroachment Permit	Total Valuation \$ _____  Date Permit Issued _____  Building Permit Fee \$ _____ 1% State Fee + _____ Total Fee \$ _____  <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Check/No. _____	Building Inspector Signature _____  Zoning Administrator Signature _____  Road Dept. Supervisor Signature _____  Fire Marshall Signature _____
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