



EAGLE MOUNTAIN

BUILDING PERMIT APPLICATION

INSPECTION CALL LINE: 801 789-6614

www.eaglemountaincity.org

Table with 7 columns: Application Date, Plans, Survey, Plot Plan, Type Con., Occupancy Group, PERMIT #

APPLICANT INFORMATION - PLEASE PRINT OR TYPE

FOR DEPARTMENT USE ONLY

Owner Name, Contact Telephone Number, Mailing Address, City, State, Zip, Job Site Address, Subdivision, Phase, Lot #, Tax Serial ID

Table with 3 columns: EXISTING USE OF PARCEL, INTENDED USE OF PARCEL, SEWAGE

List existing buildings (and use) on the lot: Project Valuation \$

Engineer Name, Address, Telephone

Architect Name, Address, Telephone

General Contractor Name, Address, Telephone, License #

Electrical Contractor Name, Address, Telephone, License #

Plumbing Contractor Name, Address, Telephone, License #

Mechanical Contractor Name, Address, Telephone, License #

The undersigned agrees to comply with all Eagle Mountain City, Utah County and State of Utah building laws, codes and ordinances adopted and mandated.

This permit becomes null and void if work on the 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 has commenced.

Per Eagle Mountain City Consolidated Fee Schedule, 1.4.4; Refunds for permits issued will be limited to 80% of the permit costs, not later than 90 days after the date of fee payment.

OCCUPANCY OF THE STRUCTURE IS PROHIBITED UNTIL AFTER FINAL INSPECTION HAS BEEN PASSED AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

I HAVE VERIFIED THE SEWER DEPTH OF THE ABOVE LOT AND WILL TAKE ALL RESPONSIBILITY FOR SETTING THE STRUCTURE ACCORDINGLY.

CONTACT EMAIL ADDRESS, Print Name, Applicant's signature, License#

Date Permit Issued: Bldg. Dept. Signature:

Table with 2 columns: CONNECTION FEES, FEE AMOUNT

Table with 2 columns: IMPACT FEES, FEE AMOUNT

Table with 2 columns: BLDG DEPT. FEES, FEE AMOUNT

Table with 2 columns: TOTAL FEES, FEE AMOUNT

Table with 2 columns: TOTAL FEE PAID, CHECK #

Table with 2 columns: BLDR DEPOSIT PAID, CHECK#

BUILDER DEPOSIT TO BE RETURNED TO: NAME, Address, Telephone, Issued by:

FOR DEPARTMENT USE ONLY

Table with 3 columns: DEPARTMENT APPROVAL, APPROVED BY, DATE OF APPROVAL

COMMENTS: