



EAGLE MOUNTAIN

BUILDING PERMIT APPLICATION

3726 E CAMPUS DR. SUITE H
Email BUILDINGINSPECTIONS@EMCITY.ORG for inspections

Application Date	Plans	Survey	Plot Plan	Con type	Occupancy	PERMIT #
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APPLICANT INFORMATION - PLEASE PRINT OR TYPE

FOR DEPARTMENT USE ONLY

Owner Name _____ Contact Number _____

Mailing Address _____ City _____ State _____ Zip _____

Job Site Address _____ Subdivision _____ Phase _____ Lot # _____ Tax Serial ID _____

EXISTING USE OF PARCEL		INTENDED USE OF PARCEL		SEWER	
<input type="checkbox"/> Vacant	<input type="checkbox"/> Commercial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public	<input type="checkbox"/>
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Industrial/ Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Industrial	<input type="checkbox"/>	<input type="checkbox"/> Septic
<input type="checkbox"/> Single Family	<input type="checkbox"/> Other/ Type	<input type="checkbox"/> Duplex	<input type="checkbox"/> Basement		
<input type="checkbox"/> Multiple Units		<input type="checkbox"/> Multiple Units	<input type="checkbox"/> Other/Type		

Dwelling Units _____ # Stories _____ # Bedrooms _____ # Baths _____ # Fireplaces _____

Building Dimension _____ Garage Dimensions _____ Attached / Detached _____ Lot Acreage _____

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 # _____

Date Permit Issued: _____

Bldg. Dept. Signature: _____

CONNECTION FEES	FEE AMOUNT
Construction Water	
Water Meter	
Sewer	
Sub Total	
IMPACT FEES	FEE AMOUNT
TSSD Administration	
TSSD	
Water	
Storm Water	
Waste Water	
Transportation	
Parks & Trails	
Parks Fee-in-lieu	
Silver Lake Trees	
Public Safety	
Sub Total	
BLDG DEPT FEES	FEE AMOUNT
Electric	
Temp Power	
Plumbing	
Mechanical	
Plan Check	
Building Permit	
1% Utah State Tax	
Sub Total	
TOTAL FEES	\$

The undersigned agrees to comply with all Eagle Mountain City, Utah County and State of Utah building laws, codes and ordinances adopted and mandated. I certify the information presented in this application for a building permit are true and accurate. Any misrepresentations or errors herein are the sole responsibility applicant and in no way incur or accrue liability or obligation to enforcing officers or agents.

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. No refunds for plan review costs will be given if the plan review has been conducted.

OCCUPANCY 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 _____

Contractor License# _____

BLDG DEPT FEES	FEE AMOUNT
Electric	
Temp Power	
Plumbing	
Mechanical	
Plan Check	
Building Permit	
1% Utah State Tax	
Sub Total	
TOTAL FEES	\$
Valuation	
	SQUARE FEET

MAIN	
UPPER	
FIN.BASEMENT	
UNFIN. BASEMENT	
GARAGE	
OTHER	

SET BACK REQUIREMENTS AS PER APPRVD SITE PLAN

TOTAL FEE PAID	CHECK #
\$ _____	
BLDR DEPOSIT PAID	CHECK#
\$ _____	

FOR DEPARTMENT USE ONLY

DEPARTMENT APPROVAL	APPROVED BY	DATE OF APPROVAL
PLANNING		
FT CHECK#:	PLAN REVIEW DEPOSIT#:	BUILDER ID# _____ UFA FEE PD _____

BUILDER DEPOSIT TO BE RETURNED TO: NAME: _____

Address: _____

Telephone: _____

Issued by: _____

COMMENTS/NOTES: _____ 2ND KITCH/ACC APT RCVD Y / N