

# HEBER CITY COMMERCIAL BUILDING PERMIT APPLICATION

PHONE: (435)-654-6330 - NOTE: One working day notice is required for all inspections

Name		
Bldg. Address		
Date of Application	Property Tax Serial Number (14 Digit)	
Lot #	Plat/Phase	Subdivision Name
Contact Email Address		Contact Phone
Type of Improvements/Kind of Const. <input type="checkbox"/> New Building <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Shell Only <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Addition <input type="checkbox"/> Exterior Remodel <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Gas Line		

**WARNING:** If your lot is subject to restrictive covenants you should review the same and make sure your plans are in compliance. A review by the homeowners association might be helpful. If you fail to comply with the restrictive covenants, the homeowners association might require you to tear down or otherwise remedy the violation. This could be expensive and time consuming.

This permit becomes null and void of work construction authorized is not commenced within 180 days, or if construction work is suspended or abandoned for a period of 180 days at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that: I make this statement under penalty or perjury.

Signature of Contractor or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Special Inspection Company	Contact Name	Phone	Email Address	State License Number(s)
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Designer/Drafter	Phone
Architect	Phone
Business Address	State Lic. No.
Engineer	Phone
Business Address	State Lic. No.
General Contractor	Phone
Business Address	State Lic. No. <b>-5501</b>
Electrical Contractor	Phone
Business Address	State Lic. No. <b>-5501</b>
Plumbing Contractor	Phone
Business Address	State Lic. No. <b>-5501</b>
Mechanical Contractor	Phone
Business Address	State Lic. No. <b>-5501</b>

**SPECIAL APPROVALS AND REQUIREMENTS**

**Planning and Zoning**

Planning Commission/Board of Adjustment Approval Date \_\_\_\_\_

Project Number \_\_\_\_\_

Site Plan Approved By \_\_\_\_\_

Zone \_\_\_\_\_ No. of Off-Street Parking Spaces \_\_\_\_\_

Setbacks shown on plans: Front \_\_\_\_\_ Rear \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_

Notes: \_\_\_\_\_

**City Engineer**

Public Improvements req'd yes / no (circle one) Impact Fees req'd yes / no (circle one)

Reimbursement Agreement req'd yes / no (circle one)

Water shares req'd yes / no (circle one) \_\_\_\_\_ Shares.

City Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

Fire Alarm/Sprinkler System Required yes / no (circle one)

Fire Alarm/Sprinkler System review date: \_\_\_\_\_ By: \_\_\_\_\_

Health Department Approval required yes / no (circle one) Received yes / no

Special Notes: \_\_\_\_\_

Date Rec'd	Plan Chk. #	Date Approved	Date Issued	Receipt No.	Permit No.
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Application is not a permit until signed by Building Dept. Staff and issued a Permit #.

Building Official Signature \_\_\_\_\_

**BUILDING AND IMPACT FEE SCHEDULE**

Total sq. ft. of Building	Valuation	
Main Floor	Building Fees	
Second Floor	Plan Check Fees	
Third Floor	Electrical Fees	
<input type="checkbox"/> Basement	Plumbing Fees	
Other	Mechanical Fees	
# of Dwellings	Water	
# of Stories	Sewer	
Occupancy Group(s)	Storm Sewer	
Total Occupant Load	Roads & Transportation	
Construction Type	Parks & Recreation	
Material(s) used    Glass <input type="checkbox"/>	Pressurized Irrigation	
Brick <input type="checkbox"/> Block <input type="checkbox"/> Steel <input type="checkbox"/>	Water Meter & Hookup	
Wood Frame <input type="checkbox"/> Concrete <input type="checkbox"/>	1% State Surcharge	
Roof Snow Load            psf	Sign Permit Fees	
No. of Restrooms		
Fire Sprinklers Req. <input type="checkbox"/> Y <input type="checkbox"/> N		
Relevant Codes	Total	

Heber Valley Special Service District (HVSSD) Impact Fees: \_\_\_\_\_