

BUILDING PERMIT APPLICATION

SUBMIT PLANS IN PERSON AT: CITY OF MOAB PLANNING DEPARTMENT, 217 E CENTER STREET, MOAB UT 84532

EMAIL DOCUMENTS TO: permitting@moabcity.org / CALL 435-259-5129 TO SCHEDULE INSPECTIONS

24 HOUR NOTICE REQUIRED FOR SCHEDULING INSPECTIONS.

PLANS RECEIVED:	PLAN REVIEW RECEIPT NUMBER:	PERMIT ISSUE DATE:	PERMIT NUMBER:
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Electronic Plans Submitted COMcheck Emailed REScheck Emailed Load Calcs Emailed

BUILDING ADDRESS:	ASSESSOR'S PARCEL #:	IS THIS AN OWNER BUILDER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Owner Builder form attached
PERMITTEE/OWNER NAME:		Email:
Mailing Address:		City/ State/ Zip:
Phone #:		Cell Phone #:
AUTHORIZED AGENT:		Authorized Agent Phone #:
Authorized Agent Email:		Authorized Agent Cell #:
GENERAL CONTRACTOR:		Utah State Contractor's License #:
Phone #:	Cell #	Utah Municipality Business License #:
Mailing Address:		City/State/Zip:
ELECTRICAL CONTRACTOR:		Utah State Contractor's License #:
Phone #:	Cell #	Utah Municipality Business License #:
Mailing Address:		City/State/Zip:
PLUMBING CONTRACTOR:		Utah State Contractor's License #:
Phone #:	Cell #	Utah Municipality Business License #:
Mailing Address:		City/State/Zip:
MECHANICAL CONTRACTOR:		Utah State Contractor's License #:
Phone #:	Cell #	Utah Municipality Business License #:
Mailing Address:		City/State/Zip:

LIST ALL ADDITIONAL CONTRACTORS/ARCHITECTS/ENGINEERS ON PAGE 3

BRIEF DESCRIPTION OF BUILDING PROJECT:							
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		ZONE:		PROJECT VALUATION		\$	
TYPE OF IMPROVEMENT/CONSTRUCTION: <input type="checkbox"/> SIGN <input type="checkbox"/> BUILD <input type="checkbox"/> REMODEL <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> CONVERT USE <input type="checkbox"/> DEMO				FOR OFFICE USE ONLY			
BUILDING SF:		NO. OF BUILDINGS		BUILDING FEE:		\$	
ROUGH BASEMENT SF:		NO. OF DWELLINGS:		PLAN REVIEW FEE:		\$	
FINISHED BASEMENT SF:		NO. OF STORIES:		STATE 1%:		\$	
COVERED PATIO/ DECK SF:		NO. OF BEDROOMS:		INVESTIGATION FEE:		\$	
TYPE OF CONSTRUCTION		NO. OF BATHROOMS:		DEFERRED SUBMITTALS:		\$	
OCCUPANCY GROUP:		MAX OCCUPANCY LOAD:		FLOODPLAIN DEVELOP. PERMIT:		\$	
FIRE SPRINKLERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		OFF-STREET PARKING: _____ COVERED _____ UNCOVERED		WATER IMPACT FEE:		\$	
SITE PLAN SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		WATER METER SIZE: _____		WATER CONNECTION FEE:		\$	
		SEWER CONNECTION SIZE: _____		SEWER IMPACT FEE:		\$	
SEWER CONNECTION FEE:				SEWER CONNECTION FEE:		\$	
MINIMUM SETBACKS: Front: Side: Side: Rear:				WAHO FEE:		\$	
FLOODPLAIN STATUS:		ELEVATION CERTIFICATE:		PLAN REVIEW DEPOSIT:		(- \$)	
<input type="checkbox"/> PAYMENT RECEIVED		RECEIPT #:		TOTAL FEES DUE:		\$	

I have read this application and state that the above is correct and agree to comply with all City of Moab Ordinances and State of Utah laws regulating building construction, zoning, and sanitation. I understand that documents submitted with this application are subject to potential disclosure pursuant to Moab Municipal Code Section 2.26.040. et. seq.

OWNER'S SIGNATURE	DATE
CONTRACTOR'S SIGNATURE	DATE

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FLOODPLAIN DEVELOPMENT COMMENTS:	
FLOODPLAIN ADMINISTRATOR:	DATE:
FIRE DEPARTMENT COMMENTS:	
<i>(REQUIRED ON ALL COMMERCIAL APPLICATIONS)</i>	
FIRE DEPARTMENT:	DATE:
ENGINEERING COMMENTS:	
ENGINEERING APPROVAL:	DATE:
HEALTH DEPARTMENT COMMENTS:	
HEALTH DEPARTMENT APPROVAL:	DATE:
UTLITIY COMMENTS:	
WATER:	DATE:
SEWER:	DATE:
ZONIG COMMENTS:	
ZONIG ADMINISTRATOR APPROVAL:	DATE:
BULIDING DEPARTMENT COMMENTS:	
BUILDING DEPARTMENT APPROVAL:	DATE:

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CONTRACTOR TYPE:	
NAME:	Utah State Contractor's License #:
Phone #:	Cell #
Utah Municipality Business License #:	
Mailing Address:	City/State/Zip:
CONTRACTOR TYPE:	
NAME:	Utah State Contractor's License #:
Phone #:	Cell #
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