



**P.O. Box 8016**  
**Alta, Utah 84092**  
**Phone (Town Hall): 801-363-5105**  
 Permitting Questions: 801-363-5105  
 Inspection Requests: 801-364-1465

# TOWN OF ALTA Building Permit

**PERMIT #**

This permit becomes valid upon required approvals and acceptance of required fees.

**Property Address**

Applicant	Phone	Fax	
Applicant Address	City/State	Zip	
Property Owner	Phone	Fax	
Owner's Address	City/State	Zip	
Contact	Phone	E-mail	

**CHECK ONE**

**LICENSED CONTRACTOR DECLARATION:**

I hereby affirm that all work will be performed by contractors licensed under the Construction Trades Licensing Act (58-55, UCA) whose licenses are in full force and effect. If contractors have not been selected at the time of the application for this permit, the permit issued only on the condition that currently licensed contractors shall be selected by the applicant, that the applicant shall provide the names and license numbers of the contractors to the Town of Alta and shall enter the same names and number on the permit before they begin their work.

**OWNER-BUILDER DECLARATION:**

I hereby claim exemption from the requirement for licensing under the Construction Trades Licensing Act (58-55, UCA) because work will be performed by the owner of the property for his/her private non-commercial non-public use. Any work not performed by the owner will be performed by a contractor licensed under the Construction Trade Licensing Act, and the names and license numbers of the contractors shall be provided to the Town of Alta and entered on the permit before their work is begun.

I hereby certify that I have read and examined this permit and that the information provided by me is 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 of the performance of construction

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

This permit shall become null and void if work is not commenced within 180 days, or if work is suspected or abandoned for a period of 180 days or more at any time after the work has commenced. Commencement or continuation of work shall be verified only by inspection reports from Town of Alta inspectors. All required inspections shall be requested at least two working days before they are to be made. Inspections are required before any work is covered. Please call if you need further information about when an inspection is required.

	State License # (if applicable)	Phone #		Office Use Only
General Contractor	_____	_____		Valuation _____
Electrical Contractor	_____	_____		Construction Type _____
Mechanical Contractor	_____	_____		Occupant Load _____
Plumbing Contractor	_____	_____		Group/Division _____
Engineer	_____	_____		Square Feet _____
Architect	_____	_____		
Description of Work: _____				<b>FEES</b>
Site/Property Address _____	Coordinate _____			Building _____
Subdivision _____	Lot # _____			Plan Check _____
Cup# _____ Zone _____	Parcel # _____			Electrical _____
<input type="checkbox"/> Minimum Setbacks or Front Yard _____	Side Yard _____			Mechanical _____
<input type="checkbox"/> See approved Site Plan Rear Yard _____	Side Yard _____			Plumbing _____
Avalanche Report Required Yes No _____				Grading _____
Zoning Comments _____				Demolition _____
				Impact Fee(s) _____
				Other Pre-inspection _____
Approved _____ Date _____				Bonds _____
Building Code Comments/Deferrals _____				State Surcharge _____
				<b>Total</b> _____
				<b>PREPAID PC</b>
				Date: _____ Rec'd By: _____
Plan Review Ok'd _____ Date _____				<b>TOTAL</b>
Permit Approved _____ Date _____				Date: _____ Rec'd By: _____

Fire  Water  Sewer  Zoning  Other \_\_\_\_\_