



**P.O. Box 8016**  
**Alta, Utah 84092**  
 Permitting Questions: 801-742-6010  
 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 \_\_\_\_\_

Applicant Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

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.

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

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