



P.O. Box 8016  
Alta, Utah 84092

Permitting Questions: 801-742-6010

Inspection Requests: 801-455-0012

*\*Inspection Services provided by West Coast Code Consultants*

# 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.

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

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