



P.O. Box 8016
Alta, Utah 84092
 Permitting Questions: 801-742-6010
 Inspection Requests: 435-743-6151
**Inspection Services provided by Sunrise Engineering*

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
Name State License # Phone #	
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 _____ 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 _____
_____	Total _____
Approved _____ Date _____	
Building Code Comments/Deferrals _____	PREPAID PC
_____	Date: _____ Rec'd By: _____
_____	TOTAL
Plan Review Ok'd _____ Date _____	Date: _____ Rec'd By: _____
Permit Approved _____ Date _____	

Fire Water Sewer Zoning Other _____