TOWN OF ALTA
Building Permit

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

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 #**
General Contractor			
Electrical Contractor			
Mechanical Contractor			
Plumbing Contractor			
Engineer			
Architect			

Office Use Only

Construction Type _____

Occupant Load _____

Group/Division	Square Feet

Description of Work: _____

Valuation: _____

Site/Property Address _____ Coordinate _____

Subdivision _____ Lot # _____

Cup# _____ Zone _____ Parcel # _____

☐ Minimum Setbacks or Front Yard _____ Side Yard _____

☐ See approved Site Plan Rear Yard _____ Side Yard _____

Avalanche Report Required Yes ☐ No ☐

Zoning Comments _____

Approved _____ Date _____

Building Code Comments/Deferrals _____

Plan Review Ok'd _____ Date _____

Permit Approved _____ Date _____

FEES

Building	
Plan Check	
Electrical	
Mechanical	
Plumbing	
Grading	
Demolition	
Impact Fee(s)	
Other Pre-inspection	
Bonds	
State Surcharge	
Total	

PREPAID PC

Date: _____ Rec'd By: _____

TOTAL

Date: _____ Rec'd By: _____

Fire ☐ Water ☐ Sewer ☐ Zoning ☐ Other _____