

# ELECTRICAL - MECHANICAL - PLUMBING

## Miscellaneous Permit Application

Building Safety Division



<i>Please print legibly and complete all areas.</i>			City PC#		
Permit #	<b>Project Address:</b>		Ste/Unit#	# of Units	
	<b>Project Value:</b> \$	<b>Check one:</b>	<input type="checkbox"/> Contract Value	<input type="checkbox"/> Estimate	Location ID:
	<b>Tenant/Project Owner:</b>			<b>Cell Phone:</b>	
	<b>Tenant/Project Owner Address:</b>			<b>Phone:</b>	
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>	
	<b>Building Owner:</b>			<b>Cell Phone:</b>	
	<b>Building Owner Address:</b>			<b>Phone:</b>	
	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email:</b>	
	<b>What type of work are you doing? (Check or circle all that apply.)</b>			<input type="checkbox"/> Residential	
	A permit is required for ANY NEW work! New work is not a MISC permit.			<input type="checkbox"/> Commercial	
<b>Brief description of work:</b>					
MECHANICAL	<input type="checkbox"/> <b>FOR COMMERCIAL BLDGS: Structural review required for new roof top units ( 3 sets of plans required).</b>				
	<input type="checkbox"/> Replace furnace	<input type="checkbox"/> New gas service	<input type="checkbox"/> New gas line	<input type="checkbox"/> Replace gas line	<input type="checkbox"/> New or Replace gas appliance _____
	<input type="checkbox"/> New furnace	<input type="checkbox"/> New ductwork	<input type="checkbox"/> New AC -ground	<input type="checkbox"/> New A/C -roof	Are you replacing existing A/C unit? Y N
	<b>REQUIRED INSPECTIONS - 1) Gas line pressure test. (Work cannot be covered without an inspection.)</b>				
	<b>Mech Contractor:</b>		<b>Phone:</b> ( )	<b>Utah Lic.#</b>	-
<b>Contractor Address:</b>		<b>Email:</b>			
ELECTRICAL	<b>Contact Light &amp; Power at</b>	<input type="checkbox"/> New Service _____ Amps _____ Voltage			
	<b>435-716-9700 prior to work.</b>	<input type="checkbox"/> Service Repair	Panel included? Y N	<input type="checkbox"/> Service upgrade from _____ Amps to _____ Amps	
		<input type="checkbox"/> New receptacles	<input type="checkbox"/> New fixtures	<input type="checkbox"/> Other, describe: _____	Voltage _____
		<input type="checkbox"/> New wiring	Describe: _____		
	<b>REQUIRED INSPECTIONS: 1) Prior to being covered. (Work cannot be covered without an inspection.)</b>				
<b>Electrical Contractor:</b>		<b>Phone:</b> ( )	<b>Utah Lic.#</b>	-	
<b>Contractor Address:</b>		<b>Email:</b>			
PLUMBING	<input type="checkbox"/> Water heater	<input type="checkbox"/> Water Closet	<input type="checkbox"/> Bathtub	<input type="checkbox"/> Sink	
	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Roof Drain	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Other _____	
	<b>REQUIRED INSPECTIONS: 1) Plumbing test, drain, &amp; water, prior to being covered. (Work cannot be covered without an inspection.)</b>				
	<b>Plumbing Contractor:</b>		<b>Phone:</b> ( )	<b>Utah Lic.#</b>	-
	<b>Contractor Address:</b>		<b>Email:</b>		
<p>This permit becomes null and void if work or construction is not commenced within 180 days, or if construction is suspended or abandoned for a period of 180 days at anytime after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with, whether specified herein or not, the granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty or perjury. By signing this agreement I understand that plans must remain on-site and the address must be clearly marked to get an inspection.</p> <p style="text-align: center;"><b>24-hour notice is required in order to schedule an inspection.</b></p>					
Applicant's signature _____		Date _____			
		<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other, specify _____	
<b>For Office Use Only: # Units</b>		<b>Zone</b>	<b>GF Y or N</b>	<b>Historic Dist review Y or N</b>	
<b>Plan approved by:</b>		<b>Date</b>	<b>P&amp;Z approval</b>	<b>Date</b>	

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Workspace:

Office Use Only		Impact Fees	Qty	Unit Charge	Total Cost
<b>Residential Miscellaneous Permits</b>		Fire & EMS	x		
<input type="checkbox"/> Electric Service Change (C999) <b>\$30</b>		Light & Power	x		
<input type="checkbox"/> Gas Line Pressure Test (MISC) <b>\$30</b>		Police	x		
<input type="checkbox"/> Furnace, AC, or Water Heater Only-replace (MISC) <b>\$30</b>		Storm Water	x		
<input type="checkbox"/> Mechanical Replacement-Furnace & AC (MECR) <b>\$45</b>		Transportation	x		
<input type="checkbox"/> Any 2 items-replace (MISC) <b>\$45</b>		Wastewater	x		
<input type="checkbox"/> Commercial Permits fee based on project value - <b>\$30 min.</b>		Water System	x		
Report Code Application Type	Building Val. Calc. Description	Construction Type	Data Code	Sq. Ft.	Occupancy Group
<b>Valuation of Work \$</b>					
<input type="checkbox"/> Plan Check Fee (65% of Permit) <input type="checkbox"/> Paid					
<input type="checkbox"/> Building Permit Fee					
<input type="checkbox"/> Electric Permit Fee					
<input type="checkbox"/> Mechanical Permit Fee					
<input type="checkbox"/> Plumbing Permit Fee					
<input type="checkbox"/> Other:					