



Roosevelt City Corporation
 Building Department
 255 State Street
 Roosevelt, UT 84066

435-722-5001 Fax: 435-722-5000 Email: djohnson@rooseveltcity.com

RESIDENTIAL/ DUPLEX BUILDING PERMIT APPLICATION

DATE ISSUED	PERMIT NO.
Duchesne County Assessor's Parcel #	

Property Owner (Please Print) _____
 Owner of Property Contact #: _____ Owner of Property Email: _____

Owner's Mailing Address: _____ CITY: _____ ST: _____ ZIP: _____

JOB SITE INFORMATION: Lot Number: _____ Subdivision Name: _____ Who will be paying for monthly utility bill when water meter is installed? _____ Property Owner
 _____ General Contractor
 STREET ADDRESS: _____ Note: 24 hour notice on inspections

BUILDING PERMIT INFORMATION

<input type="checkbox"/> New Single Family Dwelling	<input type="checkbox"/> New Garage Detached	<input type="checkbox"/> Remodel existing home	<input type="checkbox"/> Home Repair/Gas line
<input type="checkbox"/> Duplex	<input type="checkbox"/> New Carport/Patio Cover	<input type="checkbox"/> Basement Finish/home	<input type="checkbox"/> Home Repair/Electrical
	<input type="checkbox"/> Shed	<input type="checkbox"/> Addition on existing home	<input type="checkbox"/> Other

# of Bedrooms: 1 2 3 4 5 6	Number of Bathrooms: 1 2 3 4 5 6	Number of stories above grade: _____
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Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Meter Size $\frac{3}{4}$ <input type="checkbox"/> 1" <input type="checkbox"/> _____	Notice: You are required to properly contain building litter and debris on building site. Use an authorized container according to Title 8 Health & Safety Code of Roosevelt City. Violators will be cited.
Renter Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer Type: <input type="checkbox"/> Single Family Dwelling	
Garage <input type="checkbox"/> Yes Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Duplex	
Carport <input type="checkbox"/> Yes Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Water Service on property Yes No	

GENERAL CONTRACTOR If Owner/Builder - check here _____ /Same as Property Owner Name-GO TO Electrical Contractor section

Utah Licensed Contractor's Name: _____ Utah License #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ Email (if known) _____

Electrical Contractor:	Cell #:	Utah State License #:
Mechanical Contractor:	Cell #:	Utah State License #:
Plumbing Contractor:	Cell #:	Utah State License #:

Square Footage of Excavation: _____ sq. ft
 Valuation: \$ _____

ITEM	FEE
Building Permit	
Water Impact Fee	
Sewer Connection-Residential	
Sewer Connection-Duplex	
Secondary Water	
Electrical	
Gas line Change out	
Shed	
Total Fees	

Date Paid: _____ PD by _____ Check _____ CC _____ Cash _____

Decisions relative to this application are subject to review by the chief executive officer of the municipal or county entity issuing this building permit and appeal under the International Building Code as adopted by Legislature. This permit becomes null and void if work or construction authorized is not 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 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 authority regulating construction or performance of construction and that I make this statement under penalty of perjury.

 Signature of Contractor or Owner if owner/Builder Date: _____

 Building Inspector Signature -Permit Approval Date: _____