

**SUMMIT COUNTY BUILDING INSPECTION DEPARTMENT
PERMIT APPLICATION**

PROJECT INFORMATION			DATE	
STREET ADDRESS			CONDO & UNIT #	
LOT	BLOCK	SUBDIVISION		FILING
OWNER		MAILING ADDRESS		PHONE
CONTRACTOR	REG. #	MAILING ADDRESS		PHONE

Type of Technical Permit: (circle the type you are applying for)

Plumbing
 Mechanical
 Wood/Gas Stove/Fireplace
 Electrical
 Temp Pwr

DESCRIPTION OF WORK/COMMENTS:

NAME OF BUSINESS (FOR TENANT FINISHES)

CONTACT PERSON (PERSON TAKING RESPONSIBILITY FOR QUESTIONS DURING PLAN REVIEW):

CONTACT PERSON'S PHONE & EMAIL ADDRESS: office # cell# home#

email address: _____

APPLICANT NAME (print please):	APPLICANT SIGNATURE: _____
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VALUATION: (Total value of work, including Material & Labor) \$ _____	SQUARE FEET: Finished = _____ Unfinished = _____ Garage = _____ Decks/Porches = _____
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Single Family Grading/Excavation Permit FASTTRACK GE# _____ - _____
(Available only via Engineering Department Preliminary Review Application)

FOR OFFICE USE ONLY:

Planning/Engineering Classifications

Category	Work Description	√	PLN #	GE#
Single Family Residence	New Construction			
	Remodel (Interior only)			
	Addition (Exterior work)			
	Accessory Apartment			
Attached Units (Duplex thru Townhomes)	New Construction			
	Remodel (Interior only)			
	Addition (Exterior work)			
Multi-Family Commercial or Industrial	New Construction			
	Remodel (Interior only)			
	Addition (Exterior work)			
Any	Hot Tub Only			
Any	Manufactured Home			

Soils Report		
	Yes	No
Required		
Furnished		

Fire Hazard Mitigation Rating:

BUILDING PERMIT FEE ESTIMATE:

Plan Review = \$ _____

Building Permit = \$ _____

FHM/Defensible Space Fee = \$ _____

Development Impact Fee = \$ _____

Total Building Permit Fee = \$ _____
