



ESCALANTE CITY

56 NORTH 100 WEST ▪ P.O. BOX 189 ▪ ESCALANTE, UT 84726

Phone: (435) 826-4644 ▪ FAX: (435) 826-4642

MUNICIPAL PROJECT APPROVAL FORM

- \$50 FILING FEE TO BE PAID AT TIME OF SUBMITTING THIS FORM
- \$1,500 NEW WATER CONNECTION FEE
- \$4,700 WATER IMPACT FEE IN CITY LIMITS
- \$5,700 WATER IMPACT FEE OUTSIDE OF CITY LIMITS
- \$1,000 NEW SEWER CONNECTION FEE
- \$500 SEWER IMPACT FEE

ALL FEES ARE DUE UPON APPROVAL

(An additional \$1,500 deposit with a minimum of \$1,000 will be assessed for going through an asphalt chip sealed street.)

APPLICANT(S) _____ PHONE _____

PROPERTY OWNER(S) _____

PROJECT LOCATION _____

MAILING ADDRESS _____

PROPOSED PROJECT _____

(Describe all changes to present use of land and building). Only specific requests will be approved. Upon approval Contact Garfield County for Building Permit 1-800-636-8826 Ext. 111.

SITE PLAN (Attach a sketch showing property lines, location of City services and building, and approximate measurements)

ARCHITECTURAL DESIGN (Attach a design with the floor plan and elevation which need not be to scale)

ZONING DISTRICT _____

I hereby certify that the information provided on this application is complete and correct. I will comply with all relevant Ordinances of Escalante City in executing this project. All projects must be started within a year of approval, or this application will be void and any and all fees are NON-REFUNDABLE.

Signature of Applicant(s) _____ Date _____

CITY USE ONLY BELOW

- Project does not require culinary water.
- Property owner has sufficient culinary water on-site for this project.
- New culinary water service is available and approved for this project.

City Council, Water _____ Date _____

City Council, Streets _____ Date _____

- Project does not require a sewer connection.
- Property owner has sufficient sewer capacity on site for this project.
- New sewer service is available and approved for this project.
- A septic permit from Southwest Utah Health Department is required.

City Council, Sewer _____ Date _____

- Adequate water and access for firefighting is provided at this site.
- Firefighting capacity does not exist at this point:

Applicant(s) Signature _____ Date _____

Fire Department Chief _____ Date _____

- Project includes no changes to land use or building dimension or use.
- Conditional Use Permit required.
- Project has been reviewed by the Planning Commission and approved.

Planning Commission, Chair _____ Date _____

Project Approved By Escalante City

Mayor _____ Date _____



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PROJECT CHECKLIST

Please check Yes or No

COMPATIBILITY

Is the project commercial?

- Yes
 No

Is the project residential?

- Yes
 No

Does the project comply with height restrictions?

- Yes
 No

What is the height of the project? _____

Does the project comply with limits on lot coverage?

- Yes
 No

FIRE

Will the local water pressure remain above the minimum required for fire flow?

- Yes
 No

If the project is in an area served by a single road, then will the road be adequate to allow evacuation during an emergency with traffic added by the project?

- Yes
 No

Is there a Fire Hydrant within 500 feet?

- Yes
 No

NOISE

Has this project been designated to prevent an undue amount of noise at nearby homes, schools, and other sensitive sites?

- Yes
 No



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PROJECT CHECKLIST

Please check Yes or No

PUBLIC WATER AND SEWER

Does this project require a sewer connection?

- Yes
- No

Does this project require a water connection?

- Yes
- No

ELECTRICAL

Does this project require electrical power?

- Yes
- No

PROPERTY OWNERSHIP

Do the plans show that the project will not intrude onto property owned by others or easement?

- Yes
- No

Do the plans show that the project will have proper drainage?

- Yes
- No

Will there be porta potties on site?

- Yes
- No

Will there be a dumpster on site?

- Yes
- No

PROPERTY VALUE

Is the project free of uses likely to have an adverse effect on the value of nearby homes?

- Yes
- No

What is the approximate value of the project? \$_____

Signature of Applicant(s)

_____ Date_____