



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

\$500 NEW SEWER CONNECTION FEE

\$1,000 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 Project 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_____