



PO Box 75 Panguitch, UT 84759 435-676-8585 info@panguitchutah.gov

PANGUITCH CITY PROJECT APPROVAL

Name of property owner: _____ Date _____

Address _____

Phone Number: _____

Email Address: _____

Project address: _____

Proposed project: _____

PERMIT

☐ This project requires a building permit from Garfield County for the project listed above.

☐ This project does not require a building permit from Garfield County.

CONNECTION AND IMPACT FEES

☐ \$2100 ¾ Inch, \$2700 1-inch, or \$5200 2-inch Water Connection Fee (Circle fee that applies)

☐ \$1000 Water Impact Fee

☐ \$2000 Sewer Connection Fee

☐ \$1000 Sewer Impact Fee

☐ \$100 Meter Setting Fee

FEE TOTAL \$ _____

OWNER BUILDER

☐ This project requires an owner-builder form.

☐ This project does not require an owner-builder form.

CULINARY WATER

☐ This project requires culinary water.

☐ This project does not require culinary water.

WASTEWATER

☐ This project requires a connection to the wastewater system.

☐ This project does not require a connection to our wastewater system.

ELECTRICAL

☐ This project requires electricity.

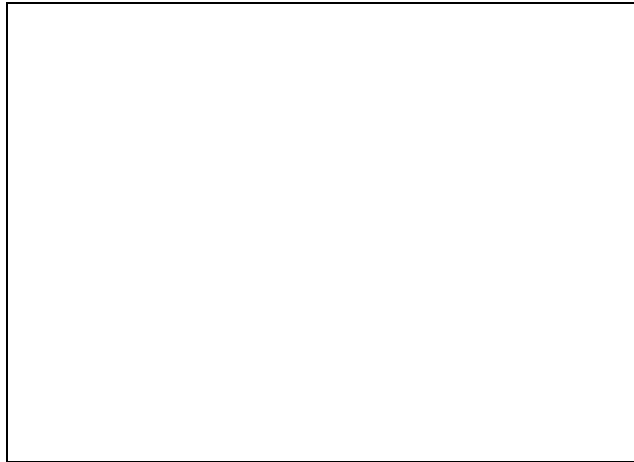
☐ This project does not require electricity.

Panguitch City zoning ordinances require front, side, and rear yard setbacks. All projects shall meet the minimum setback requirements, including non-permitted projects. The property owner or their authorized representative is responsible for ensuring that these requirements are met and that no construction occurs in these areas. Further ordinance information is available on request. If you have any questions, please call the city office at 676-8585. Thank you.

Zoning district _____ set back requirements:

Front	Rear	Sides	

Please draw a simple diagram of the requested project.



****Street/front of property****

The above project will meet the requirements for water and sewer.

- ☐ We have available culinary water for this project.
- ☐ We have the capacity for our wastewater system to serve this project.

Public Works: _____

The above project meets the water requirements for fire suppression.

Fire Chief: _____

Approval - given this _____ day of _____, _____

By: _____

*****THIS SIGNED FORM MUST BE TAKEN TO THE GARFIELD COUNTY BUILDING DEPARTMENT FOR A PERMIT.**

APPLICANT - I understand the zoning requirements.

SIGNATURE: _____ **Date:** _____