

WEST HAVEN CITY

4150 South 3900 West
West Haven, Utah 84401
Phone: 801-731-4519 Fax 801-731-1002

BUILDING PERMIT PROCESS PACKET

THIS PACKET CONTAINS

1. BUILDING PERMIT COSTS
2. SEWER COSTS
3. CHECK LIST FORM
4. APPLICATION PROCESS
5. INSPECTION PROCESS

DOCUMENTS INCLUDED

1. **Building Permit Application**
(Please fill out the left side only, including contractor license numbers)
2. **West Haven Special District Application for Sewer Service**
(Must be completed and submitted to City Office BEFORE final occupancy approval is given)
3. **Owner/Builder Certification (Not Included Online but is in the packet that is picked up at the City Office)**
(Pertains only to Homeowners who are acting as their own contractor. Form must be completed and notarized and returned to city office. The office will then fax the form to the state)

**ALL BUILDERS MUST FOLLOW THE SAME PROCESS.
THERE WILL BE NO EXCEPTIONS!**

INFORMATION CONTAINED WITHIN THIS PACKET IS SUBJECT TO CHANGE
IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT
TO MAKE SURE THE INFORMATION BEING USED IS CURRENT
CITY OFFICIALS or STAFF WILL NOT BE HELD RESPONSIBLE FOR OUTDATED MATERIAL
(DOCUMENT ISSUE DATE: 7/30/03)

BUILDING PERMIT APPLICATION PROCESS

The Building Permit is a Multi Carbon Page Document that cannot be e-mailed nor faxed. Please pick the document up at the City office
4150 South 3900 West
West Haven, UT 84401

THERE ARE NO SHORT CUTS!

1. COMPLETE BUILDING PERMIT APPLICATION: LEFT SIDE ONLY
(Not all items need completed by applicant. Check with Pat at City Office.)

2. SUBMIT:

- a. **Building Permit Application** - completed and signed;
- b. **Two Sets of Engineered Building Plans;**
- c. **Two Copies of the Site Plan;**
- d. **Proof of Secondary Water Availability – IF NOT IN AN APPROVED SUBDIVISION**

(In most cases, you will need to obtain this from Weber Basin Water. Contact them at 771-1677).

3. CITY OFFICE PROCESS:

- a. **APPLICATION and PLANS** submitted to the Building Inspector for approval:
(Allow 7-14 working days)
- b. **WHEN APPROVED - Permit Costs will be calculated.**

4. APPLICANT IS RESPONSIBLE FOR CONTACTING THE CITY OFFICE TO SEE IF PERMIT IS READY.

BEFORE YOU CAN PAY FOR YOUR PERMIT, YOU MUST SUBMIT PROOF THAT YOU HAVE PAID YOUR CULINARY (DRINKING) WATER CONNECTION AND THE WEBER FIRE DIST. IMPACT FEE. (SEE INSERTS INCLUDED WITH THIS PACKET)

5. PAY FEES and PICK UP PERMIT at City Office.

- a. **Building Permit Fee - Separate Check Must be Made out to: West Haven City**
- b. **\$500 Bond - Separate Check made out to: West Haven City** (the \$500 is refunded after the final inspection is completed, if inspector approves)
- c. **Sewer Connection Impact Fee - Separate Check Must Be Made out to: West Haven Special District** (can abbreviate to: WHSSD)

**DO NOT COMBINE THE ABOVE AMOUNTS - CHECKS MUST BE DEPOSITED IN TWO SEPARATE ACCOUNTS.
THERE WILL BE NO EXCEPTIONS!**

**PLEASE REMEMBER,
THE CITY DOES NOT COLLECT YOUR CULINARY WATER FEE.
YOU MUST CONTACT THE WATER COMPANY.**

6. RETURNED WITH PERMIT:

One set of Building Plans will be issued back to the applicant. One complete set will be kept on file at city office.

BUILDING INSPECTION INFORMATION

A. WEST HAVEN CITY BUILDING INSPECTOR: Larry Horspool 430-5368

B. INSPECTION HOURS:

After 8:30 AM – 5:00 PM Monday thru Friday

The city building inspector serves the city on a full time basis Monday – Friday from 8:30 am to 5:00 pm. Even though the City office is closed on Friday, Larry does inspections that day. The inspector will leave a copy of his inspection sheet with comments at the construction site.

C. REQUESTS FOR INSPECTION:

Requests for an inspection **MUST BE CALLED INTO** the City Office **AT LEAST 24 hours**- prior to the time the inspection is needed.

Please remember that since the city office is closed on Friday, you must plan ahead when scheduling inspections.

Contact Patricia @ 731-4519.

REQUIRED INSPECTIONS

Building

Footings
Foundation

Plumbing

Underground
Rough

Electrical

Temporary
Permanent

4-Way

Roof Covering
Frame
Drywall Lathe
Insulation

Final

D. TO CONTACT BUILDING INSPECTOR:

Contact Larry Horspool @ 731-4519 or 430-5368

BEFORE FINAL APPROVAL AND POWER CLEARANCE:

1. The **Homeowner** Must submit:

a. A signed Special Service District – Customer – “**Application for Sewer Service**” to the City Office @ 4150 South 3900 West, West Haven.. The application verifies that the homeowner is aware of the monthly sewer user fee that will be billed by WHSSD the “West Haven Special Service District” and that the homeowner agrees to pay the fee: \$33.00 per month

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ISSUE DATE: 7-30-03)

BUILDING PERMIT FEES

1. Building Permit Fee Includes:

** Structure Fee - Based on Square Footage. This amount cannot be determined until plans are reviewed and received back from the City Building Inspector.	
** Set Inspection Fee	- \$ 200.00
** Set Electrical Fee	- \$ 30.00
** Set Plumbing Fee	- \$ 30.00
** Set Storm Drain Impact Fee	- \$ 400.00
** Set Road Impact Fee	- \$ 1,878.00
** Set Park Impact Fee	- \$ 705.00

NOTE: Set fees total \$3,243.00. The structure fee will vary with square footage. The **average total permit costs usually range from \$4,500.00 to \$4,900.00.**

THESE AMOUNTS DO NOT INCLUDE YOUR CULINARY WATER CONNECTION FEE. PLEASE SEE INSERT INCLUDED WITH THIS PACKET.

HOMEOWNER SEWER CONNECTION FEE

1. Sewer Connection Impact Fee: **\$2159.00**

Paid By Building Permit Applicant, when building permit is received:

(A SEPARATE CHECK Must Be Issued to West Haven Special Service District - in the amount of \$2,159.00 - **DO NOT** include this with check for building permit made to West Haven City)

2. Monthly Sewer Service Rate Fee: **\$33.00**

To Be Billed by Special District Each Month

The monthly sewer service billing will begin within 30 days of occupancy.

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BUILDING PERMIT CHECK LIST

Use This Check List to help keep track of where you are in the Building Permit Process

1. Pick-up Building Permit Packet from City Office:

Date Picked-up: _____

2. Submit:

- a. ___ Completed Building Permit Application
- b. ___ Proof of Secondary Water Availability (if not in an approved subdivision)
- c. ___ Two Sets of Engineered Building Plans
- d. ___ Two Copies of Site Plan

Date Submitted: _____

3. Picked-up Building Permit and Paid Fees:

Date Picked-up:

Culinary Water Receipt submitted: ___

Fire District Receipt submitted: ___

Building Permit Fee Paid: ___

Sewer Connection Fee Paid: ___

Curb & Gutter Bond Paid: ___

4. Calls For Inspections: (Record Date and Type of Inspection Requested)

Building

Footings

Foundation

Plumbing

Underground

Rough

Electrical

Temporary

Permanent

4-Way

Roof Covering

Frame

Drywall Lathe

Insulation

Final

5. Final Inspection and Power Clearance Requested:

- a. Date Application for Sewer Service Submitted:

CULINARY WATER SERVICES



West Haven City, unlike other cities, does not operate a city wide culinary water improvement system

INSTEAD, YOUR NEW HOME IS LOCATED WITHIN ONE OF THE FOLLOWING WATER IMPROVEMENT DISTRICTS:

1. HOOPER WATER IMPROVEMENT DISTRICT

**5555 West 5500 South
Hooper, UT 84315
Phone: 985-1991**

Hooper District services homes in the lower west end of the city. Since they and Taylor West Weber Water Districts area of service is so close, it is best to contact one of them, give them your new address, and ask if they are your culinary water company.

2. TAYLOR-WEST WEBER WATER IMPROVEMENT DISTRICT

**4660 West 1150 South
Taylor, UT 84401
Phone: 731-1668**

Taylor West Weber serves homes west of approximately 2050 West. Since they and Hooper Water District area of service is so close, it is best to contact one of them, give them your new address, and ask if they are your culinary water company.

3. BONA VISTA WATER IMPROVEMENT DISTRICT

**1483 Wall Ave
Ogden, UT 84401
Phone: 621-0474**

Bona Vista serves homes east of approximately 2050 West.

BE AWARE THAT:

BEFORE A METER CAN BE SET AT YOUR RESIDENCE, AN IMPACT FEE MUST BE PAID DIRECTLY TO THE DISTRICT. THIS FEE MUST BE PAID BEFORE WEST HAVEN CITY CAN ISSUE YOU A BUILDING PERMIT

REFUGE COLLECTION WITHIN WEST HAVEN CITY

The City does not contract with any one company for collection of residents' refuse. We allow small & large business enterprise and currently there are three carriers serving the City. This allows our residents to choose their own collector.

SET UP YOUR REFUGE COLLECTION WITH ONE OF THE FOLLOWING CARRIERS.

1. WASTE MANAGEMENT 731-5052
2. WASTE CONNECTION 771-0273
3. CITY WASTE PAPER 731-0883

HOMEOWNERS ARE RESPONSIBLE TO DECIDE WHICH CARRIER THEY WISH TO HAVE COLLECT THEIR WASTE AND TO CONTACT THAT CARRIER TO SET UP REFUGE COLLECTION.

YOU MAY WANT TO CHECK WITH YOUR NEIGHBORS TO SEE WHICH PROVIDER CURRENTLY PROVIDES SERVICE IN YOUR NEIGHBORHOOD.

WELCOME TO THE CITY!



YOUR FIRE SERVICE



YOUR NEW HOME WILL BE LOCATED WITHIN THE WEBER FIRE DISTRICT WHICH PROVIDES FIRE PROTECTION FOR THIS AREA. BEFORE YOU CAN RECEIVE A BUILDING PERMIT FROM THE CITY OF WEST HAVEN, YOU MUST OBTAIN A LETTER FROM THE FIRE DISTRICT STATING THAT YOU HAVE PAID THE FIRE DISTRICT IMPACT FEE.

THE FIRE DISTRICT OFFICE IS LOCATED AT 1871 NORTH 1350 WEST AND THE TELEPHONE NUMBER IS 782-3580.

**YOUR POWER SERVICE
IS PROVIDED BY**

UTAH POWER which changed to PACIFICORP was currently renamed:

ROCKY MOUNTAIN POWER

Contact Information

1-888-221-7070

or

customerservice@pacificorp.com

or

www.utahpower.net

**YOUR GAS SERVICE
IS PROVIDED BY**

QUESTAR GAS

Contact Information

621-3262

or

www.queststargas.com

WEST HAVEN SPECIAL SERVICE DISTRICT

4150 SOUTH 3900 WEST

WEST HAVEN UT 84401

PHONE: 731-5819 FAX: 731-1002

APPLICATION FOR SERVICE

ACCOUNT # _____

THIS MUST BE COMPLETELY FILLED OUT
BEFORE FINAL INSPECTION
ADDENDUM "A"

NAME _____ DATE _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP-CODE _____

TELEPHONE # _____

SUBDIVISION _____ LOT # _____

I (we hereby apply to the West Haven Special Service District (the "System")
The required deposit for sewer service located at (ADDRESS)

_____ ("the Premises") and agree:

1 – To pay all hook-up, impact and related fees (if it is a new connection), the required deposit and the service fee prescribed by the system for sewer service.

2 – To pay the service charges for sewer service as fixed by the System. If a person, partnership, firm or corporation other than the undersigned occupies or is a tenant of the Premises, as an inducement to the System to provide sewer services to the Premises, the undersigned agrees to pay for all sewage services furnished to said premises according to the rules and regulations as have been or may hereafter be prescribed by the System. I understand and agree that the System may have an arrangement with the entity from which the Premises receives culinary water service under which the culinary water service may be disconnected due to a failure to pay sewer charges or to otherwise abide by the rules and regulations of the System. In the event of failure to pay the sewer charges within thirty days from the date when due, the System shall have the right to shut off both the water (subject to arrangements with the water supplier) and sewer, or either, at its election, pursuant to written notice of the System's intention to do so as provided from time to time in the rules and regulations of the System. The written notice may be delivered solely to the Premises and the System shall have no obligation to see to it that applicant receives actual notice of the intention to discontinue service. It shall be the applicant's responsibility, particularly if the applicant is not the occupant of the Premises, to take such steps as to insure that applicant will receive copies of any notices either mailed or delivered to the Premises, even if the billing address is different from the Premises. Where the billing address is different from the premises, the System may, but shall not be obligated to, also provide a notice of intention to discontinue service to the billing address. I the occupant of the Premises is someone other than the applicant, particularly where bills are to be sent of the Premises, applicant acknowledges that applicant may not be notified regarding past due amounts or shut off notices and that it is applicant's responsibility to inquire of the System concerning such matters and to monitor bills and notices sent or delivered to the Premises.

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WHSSD APPLICATION

3 – That the System and/or the water supplier may cause a lien to be placed against the Premises for unpaid service fees and charges to the extent an in the manner allowed by law.

4 – To be bound and governed by such rules and regulations as have been or may hereafter be prescribed by the System including, but not limited to, the payment of any penalty or interest on any service fee or other sum not paid to the System as and when due.

5 – To make one or more deposits as required by the System prior to the receipt of service. It is agreed and understood that the System may, but need not, apply any deposit upon bills due for service, and that the right of the System to shut off the service as outlined in paragraph 2 above shall exist even though the deposit has not been applied to the payment of past-due bills for such service. Upon final settlement of applicant's account, any unused balance of the deposit will be refunded to the applicant upon presentation of proof of entitlement thereto.

6 – That deposit shall not be made as an advance payment of any service. Charges and unpaid accounts shall be considered delinquent notwithstanding the existence of such deposit, and applicant or the user of such service shall not have the right to compel the System to apply such deposit to any account to avoid delinquency.

7 – That the deposit will not earn or accrue interest.

8 – To pay all costs and expenses, including a reasonable attorney's fee, which may arise or accrue to the System through its efforts to collect any delinquency.

9 – that the undersigned applicant is either the owner of the premises or the duly appointed agent of the owner and is authorized and empowered to make this application binding against the Premises and that the purpose for which such service connection(s) will be used is

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

DATE IN _____ (NOT –TRANSFERRABLE, NO INTEREST PAID ON DEPOSIT)

EMPLOYER _____ PHONE _____

MAILING ADDRESS IF DIFFERENT
