



Heber City Plan Review # \_\_\_\_\_

908 W. GORDON AVE., SUITE 201  
LAYTON, UTAH 84041  
OFFICE: (801) 547-8133  
FAX: (801) 820-9089

## AGREEMENT FOR PLAN REVIEW SERVICES

To whom it may concern:

Heber City Corporation has requested that West Coast Code Consultants, Inc. (WC3) provide third-party plan review services of commercial projects within their jurisdiction. As part of this service they would like our office to bill the permit applicants directly. In order for our office to proceed in performing a plan review of your project please...

1. Complete the project information below,
2. Read through the remainder of the document,
3. Sign and date the Agreement, and...
4. Return it to our office via Email: [PermitDeskUtah@WC-3.com](mailto:PermitDeskUtah@WC-3.com) or Fax: 801-820-9089.

Applicant Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

Type of Construction: \_\_\_\_\_ Total Square Footage (ft<sup>2</sup>): \_\_\_\_\_

Please review the following information which describes the scope and intent of the plan review that our office will be performing. This form must be signed and dated before our office can begin the work.

### I. Plan Review Services

1. Persons(s) performing plans examination services must possess and maintain certification as an International Code Council (ICC) Certified Building Plans Examiner.
2. Person(s) performing structural plan review services must possess and maintain registration as a professional engineer in the State of Utah and have a minimum of five (5) years of experience in the design of buildings, to the standards set forth in the International Building Code (IBC).

### II. Insurance

1. WC3 will maintain the following insurance policies throughout the duration of this Agreement for work performed on behalf of Heber City:
  - a. **Worker's Compensation Coverage** shall be maintained for all employees.
  - b. **General Liability Coverage** in an amount not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate limit.



- c. **Professional Liability Coverage** in an amount not less than \$1,000,000 per claim and \$2,000,000 on a claims-made annual aggregate basis.

**III. Schedule of Fees**

- 1. The plan review fees associated with this project will be determined as follows...
  - a. The project valuation will be determined using the current “Building Valuation Data” published by the International Code Council.
  - b. The “assumed” building permit fee will then be calculated by using Table 3-A of the Uniform Administrative Code.
  - c. The plan review fee that our office will collect will be forty percent (40%) of the “assumed” building permit fee. Our office can be contacted for a preliminary estimate of what the plan review fee will be.
  - d. Please note that the City may charge an additional plan review fee. The State allows up to sixty-five percent (65%) of the permit fee to be collected for plan review.
- 2. The fees calculated in Item #1 above will be billed at the time our initial plan review comments, if any, are sent out. By signing this Agreement you agree to pay the invoiced amount within thirty (30) days of receipt of an invoice.
- 3. The plan review fee noted above includes time associated with performing the initial plan review as well as a second and third brief follow-up review. Should additional reviews be required they will be billed at the hourly rates noted in Table 1.

**TABLE 1: HOURLY BILLING RATES**

<b>CLASSIFICATION</b>	<b>HOURLY BILLING RATE</b>
Permit Technician/Clerical Support.....	45
Building Plan Reviewer.....	85
Structural Reviewer.....	110

IN WITNESS WHEREOF, the parties hereby execute this agreement upon the terms and conditions stated above in this Agreement.

**WEST COAST CODE CONSULTANTS, INC.:**

**PERMIT APPLICANT:**

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name and Title*