



Building Permit Application

1600 E South Weber Drive 801-479-3177

THIS FORM BECOMES A PERMIT WHEN SIGNED BY CITY OFFICIALS

| THIS COLUMN COMPLETED BY APPLICANT | | THIS COLUMN COMPLETED BY CITY | |
|--|-------------|--|-----------|
| Proposed Work is addition/outbuilding | | Permit No. SWC | |
| Specifically: | | Plan check receipt \$47.00 | |
| Property Address | | Issue receipt | Date |
| Lot # | Subdivision | Parcel # | Zone |
| Main/Upper Floor sq. ft. | | Required Setbacks: Front/Rear _____ Sides _____ | |
| Garage sq. ft. | | Valuation \$ | |
| Basement <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished | | 801 Building Permit Fee | \$ |
| Offstreet Parking # covered _____ # uncovered _____ | | 802 Plan Check Balance | \$ |
| Corner lot faces <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | 808 State Fee | \$ |
| Property Owner _____ Phone _____ | | 811 Completion Bond (refundable) | \$ 500.00 |
| Full Mailing Address _____ | | Total Owning \$ | |
| Applicant | | Building Official _____ Date _____ | |
| Contact _____ Phone _____ | | | |
| Full Mailing Address _____ | | Planning Official _____ Date _____ | |
| General Contractor _____ Phone _____ | | This permit becomes null and void if work is not commenced within 180 days or is suspended for 180 days at any time after work has begun. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. | |
| Full Mailing Address _____ | | | |
| State License _____ | | | |
| Electrical Contractor _____ Phone _____ | | | |
| State License _____ | | | |
| Mechanical Contractor _____ Phone _____ | | Notes: | |
| State License _____ | | | |
| Plumbing Contractor _____ Phone _____ | | | |
| State License _____ | | | |
| I hereby certify that the information contained in this application is true and correct. | | | |
| _____ Applicant's Signature | | _____ Date | |
| ALL INSPECTIONS ARE SCHEDULED MON-THURS EITHER AM OR PM. CALL ONE DAY PRIOR. RESULTS WILL BE SUBMITTED ELECTRONICALLY. PLEASE PROVIDE ONE MAIN CONTACT. | | | |
| Name | Phone | Email | |