



Building Permit Application Instructions Electrical & Mechanical Permits NOT SOLAR

Building Permit Application Form

- Please fill in all items in the left column completely & legibly
- You **MUST** provide accurate information on each contractor, include address, phone number, and State License Number. Please make sure the information you submit is current and correct.

Supplemental Documents

- Cost \$47.47

Please Notify the City

- When you are ready for an inspection
- If there is a change in contractor
- If you are having difficulty submitting additional information that has been requested by the city
- If you choose not to proceed with your application

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
City Hall at 801-479-3177**

*Cash, Check, or Money Order Only



BUILDING PERMIT APPLICATION

BECOMES A PERMIT WHEN APPROVED & SIGNED

COMPLETE ALL ITEMS IN THIS COLUMN (where applicable)		OFFICE USE	Date Issued	Permit No.
Date of Application	Projected Start Date	Receipt No.		
Property Address		Parcel No.	Zone	
Lot #	Subdivision	Minimum Setbacks Front Side Side Rear		
Proposed Use of Structure		Proof of Secondary Water		
Type of Construction <input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition or Improvement <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish		VALUATION \$		
Total Property Area – acres or sq. ft.		FEES		
Previous Use of Land or Structure (past 3 years)				
Property Owner		Building Permit Fee		\$47.00
Phone:		State Fee		\$0.47
Mobile:				
Mailing Address	City	Zip		
Name of Applicant or Applicant Company (<input type="checkbox"/> check here if same as Property Owner)				
Contact Name		Phone:		
Mobile:				
Address	City	Zip		
General Contractor		State Lic #		
Address	City	Zip		
Phone:	Mobile:	Completion Bond Release – Date: SCW Ck #:		
Electrical Contractor		State Lic #		
NOTES/COMMENTS:				
Address	City	Zip		
Phone:	Mobile:			
Plumbing Contractor		State Lic #		
REVIEW/APPROVAL:				
Address	City	Zip	Clerk	Date
Phone:	Mobile:			
Mechanical Contractor		State Lic #		
Address	City	Zip	Building Official	Date
Phone:	Mobile:	Fire Chief (where applicable) Date		
APPLICATION IS NOT VALID PERMIT UNTIL APPROVED & SIGNED				
Surety Name (<input type="checkbox"/> check here if none)		Phone		
This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 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.				
Address	City	Zip		
Sq Ft - Main/Upper Floors: _____ Sq Ft - Garage: _____				
Sq Ft - Basement: <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished (check one)				
No. of Offstreet Parking Spaces - Covered: _____ Uncovered: _____				
If any person takes occupancy prior to receiving "Certificate of Occupancy" from South Weber City, the Completion Bond will be forfeited and a penalty of \$50 per day will be assessed.				
If Corner Lot – which side fronts street? (check one) <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> South		Census Tract: 1251.01 Traffic Zone:		
Secondary Water Provider (check one) <input type="checkbox"/> South Weber Water Improvement District (certificate required with application) <input type="checkbox"/> Davis and Weber Counties Canal Company (certificate required with application) <input type="checkbox"/> Weber Basin Conservancy District <input type="checkbox"/> Other (specify)		Cert of Occupancy (temp)		Expires:
I hereby certify that the information contained in this application is true and correct.		Cert of Occupancy (perm)		
Applicant Signature _____ Date _____				