

Inspection Requests: 468-2163  
Code Questions: 468-2000  
Fax: 468-2169

(This application becomes a permit upon required approvals and acceptance of required fees.)

**Property Address** \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_ City/Zip: \_\_\_\_\_

Fax number \_\_\_\_\_ e-mail address \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owners Address \_\_\_\_\_ City/Zip: \_\_\_\_\_

**LICENSED CONTRACTOR DECLARATION:**

**CHECK ONE**

**OWNER-BUILDER DECLARATION:**

I hereby affirm that all work will be performed by contractors licensed under the Construction Trades Licensing Act (58-55, UCA) whose licenses are in full force and effect.

If contractors have not been selected at the time of the application for this permit, the permit is issued only on the condition that currently licensed contractors shall be selected by the applicant, that the applicant shall provide the names and license numbers of the contractors to Salt Lake County, and shall enter the same names and numbers on the permit before they begin their work.

This permit shall become null and void if work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days or more at any time after the work has commenced. Commencement or continuation of work shall be verified only by inspection reports from Salt Lake County inspectors. All required inspections shall be requested at least on working day before they are to be made. Inspections are required before any work is covered. Please call if you need further information about when an inspection is required.

I hereby certify that I have read and examined this permit and that the information provided by me is true and correct. 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.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**CONTRACTORS/DESIGNERS**

Name	State License #	Phone #
General _____	_____	( ) _____
Electrical _____	_____	( ) _____
Mechanical _____	_____	( ) _____
Plumbing _____	_____	( ) _____
Architect/Engineer _____	_____	( ) _____

*Office Use Only*

Applicant Type:  Singlefam  Twofamres  Multifam  Nonresbldg  Nonresnonb  Preinspect

Electrical  Plumbing  Mechanical  Demolition  Grading

Type Of Work:  New  Add  Remodl  Basmnt  Elec  PtoP  Serchg

TI  Sign  Retwal  Demo

Description Of Work: \_\_\_\_\_

Site/Property Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

Coordinate: \_\_\_\_\_ Subdivision/Business Name: \_\_\_\_\_

**HAZARDS**

Liquefaction	H	M	L	VL	Over Pressure	0.5	0.4	0.3	0.2	None
Flood Plain	Yes	No			Fault Rupture	Yes	No			
FCOZ	Yes	No			Avalanche	Yes	No			

Community Council \_\_\_\_\_ Zone \_\_\_\_\_ Parcel # \_\_\_\_\_

Minimum Setbacks or  See Approved Site Plan

Front yard \_\_\_\_\_ Side yard \_\_\_\_\_

Rear yard \_\_\_\_\_ Side yard \_\_\_\_\_

Corner Lot Y N Manufactured Home Y N

Zoning Comments \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Building Code Comments/Deferrals \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

Project Planning#: \_\_\_\_\_

Cardfile #: \_\_\_\_\_

Valuation \_\_\_\_\_

Construction Type \_\_\_\_\_

Occupant Load \_\_\_\_\_

Group/Division \_\_\_\_\_ Square Feet \_\_\_\_\_

Fire Sprinklers

**APPLICATION TYPE FEES**

Building \_\_\_\_\_

Plan Check \_\_\_\_\_

Park Impact \_\_\_\_\_

Electrical \_\_\_\_\_

Mechanical \_\_\_\_\_

Plumbing \_\_\_\_\_

Grading \_\_\_\_\_

Demolition \_\_\_\_\_

Pre-inspection \_\_\_\_\_

State Surcharge \_\_\_\_\_

Prepaid PC ( ) \_\_\_\_\_

Transaction #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_

TOTAL \_\_\_\_\_

Transaction #: \_\_\_\_\_

Rec'd by: \_\_\_\_\_