



4580 South 2300 East
 Holladay, UT 84117
 Phone 527-3890
 Inspection Requests: 364-1465
 Code Questions: 364-1465
 Fax: 527-3891

**CITY OF HOLLADAY
 COMMUNITY DEVELOPMENT
 BUILDING PERMIT**

PERMIT #

4999

This permit becomes valid upon required approvals and acceptance of required fees.

Property Address _____

Applicant _____ Phone _____ Fax _____
 Applicant Address _____ City/State _____ Zip _____
 Property Owner _____ Phone _____ Fax _____
 Owner's Address _____ City/State _____ Zip _____
 Contact _____ Phone _____ E-mail address _____

CHECK ONE

LICENSED CONTRACTOR 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 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 Holladay City and shall enter the same names and number on the permit before they begin their work.

OWNER-BUILDER DECLARATION:

I hereby claim exemption from the requirement for licensing under the Construction Trades Licensing Act (58-55, UCA) because work will be performed by the owner of the property for his/her private non-commercial non-public use. Any work not performed by the owner will be performed by a contractor licensed under the Construction Trades Licensing Act, and the names and license numbers of the contractors shall be provided to Holladay City and entered on the permit before their work is begun.

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 _____

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 Holladay City inspectors. All required inspections shall be requested at least one 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.

Name			State License #	Phone #	Office Use Only	
General Contractor	_____	_____	_____	_____	Valuation	_____
Electrical Contractor	_____	_____	_____	_____	Construction Type	_____
Mechanical Contractor	_____	_____	_____	_____	Occupant Load	_____
Plumbing Contractor	_____	_____	_____	_____	Group/Division	Sq Ft
Engineer	_____	_____	_____	_____	_____	_____
Architect	_____	_____	_____	_____	_____	_____
Description of Work: _____					_____	
Site/Property Address _____ Coordinate _____					FEES	
Subdivision _____ Lot # _____					Building Fee	_____
Cup# _____	Zone _____	Parcel# _____		Electrical	_____	
<input type="checkbox"/> Minimum Setbacks or	Front yard _____	Side yard _____		Mechanical	_____	
<input type="checkbox"/> See Approved Site Plan	Rear yard _____	Side yard _____		Plumbing	_____	
Liquefaction H M L VL	Fault Rupture <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Plane <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____		Grading	_____	
Zoning Comments _____					Demolition	_____
Approved _____ Date _____					BUILDING TOTAL	_____ 101
Building Code Comments/Deferrals _____					1% Surcharge on Building Total	_____
Plan Review OK'd _____ Date _____					80%	_____ 102
Permit Approved _____ Date _____					20%	_____ 111
					Plan Check	_____ 112
					Geologic Study	_____ 112
					Park Impact	_____ 105
					Storm H2O Impact	_____ 109
					Fire Impact	_____ 110
					Police Impact	_____ 110
					Other	_____
					Pre-Inspection	_____
					PREPAID PLAN CHECK	_____
					Date _____	Rec'd by: _____
					TOTAL	_____
					Date: _____	Rec'd by: _____
					Entered Log	_____
					Copied & Faxed	_____

Fire Water Sewer Zoning Other _____