



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 #

5352

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.

<table border="1"> <tr> <th>Name</th> <th>State License #</th> <th>Phone #</th> </tr> <tr> <td>General Contractor _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Electrical Contractor _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Mechanical Contractor _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Plumbing Contractor _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Engineer _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Architect _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	State License #	Phone #	General Contractor _____	_____	_____	Electrical Contractor _____	_____	_____	Mechanical Contractor _____	_____	_____	Plumbing Contractor _____	_____	_____	Engineer _____	_____	_____	Architect _____	_____	_____	<table border="1"> <tr> <th colspan="2">Office Use Only</th> </tr> <tr> <td>Valuation _____</td> <td></td> </tr> <tr> <td>Construction Type _____</td> <td></td> </tr> <tr> <td>Occupant Load _____</td> <td></td> </tr> <tr> <th>Group/Division</th> <th>Sq Ft</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Office Use Only		Valuation _____		Construction Type _____		Occupant Load _____		Group/Division	Sq Ft	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____									
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Description of Work: _____ _____ _____																																																			
Site/Property Address _____ Coordinate _____ Subdivision _____ Lot # _____																																																			
Cup# _____ Zone _____ Parcel# _____ <input type="checkbox"/> Minimum Setbacks or Front yard _____ Side yard _____ <input type="checkbox"/> See Approved Site Plan Rear yard _____ Side yard _____ 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 _____																																																			
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