



Inspection Requests: 801-364-1465 - call 24 hours in advance prior to 4PM
CITY OF HOLLADAY
Community Development
Building Permit
 4580 South 2300 East, Holladay, UT 84117
 Phone: 801-527-3890

PERMIT #

Property Address:

Project Title/Project Description:

Property Owner(s):

Property Owner Phone #:

Applicant Name & Address:

Applicant Phone #:

Onsite Contact:

Onsite Phone #:

Contact Email Address: *(Inspection Results will be sent to this email address)*

Check One: LICENSED CONTRACTOR DECLARATION OWNER-BUILDER DECLARATION

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:

INSPECTIONS REQUIRED: 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.

Contractors:	State License #:	Phone #:
General:		
Electrical:		
Mechanical:		
Plumbing:		
Engineer:		
Architect:		

OFFICE USE ONLY	
Valuation:	_____
Construction Type:	_____
Occupant Load:	_____
Group/ Division:	_____
Level	Sq Ft
FEES	
Building B.O.V Fee	_____
Electrical	_____
Mechanical	_____
Plumbing	_____
Grading	_____
Demolition	_____
BUILDING TOTAL:	101
1% BldgSurcharge:	_____
80%	102
20%	111
Plan Check Fees:	112
Geologic Study:	112
Park Impact:	105
Storm Impact:	109
Fire Impact:	110
Police Impact:	110
Other:	_____
Pre-Inspection:	_____
PRE PLAN CHECK:	_____
TOTAL: (minus pre plan check)	_____

Parcel#:	Zone:
Subdivision:	FEMA Floodplain: FLD: AE 1%: AE 2%: X Min X
Lot#:	Liquefaction: H M L VL
C.U.P. #:	Fault Line Study Zone: Y N
Zoning Requirements:	Building Requirements:
_____	_____
_____	_____
<input type="checkbox"/> TRC	<input type="checkbox"/> TRC
Approval Signature: Date:	Approval Signature: Date:
_____	_____
Public Works Requirements:	Engineering Requirements :
_____	_____
_____	_____
<input type="checkbox"/> TRC	<input type="checkbox"/> TRC
Approval Signature: Date:	Approval Signature: Date:
_____	_____

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