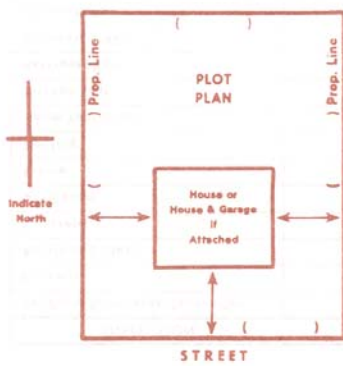


**APPLICATION FOR BUILDING PERMIT AND/OR CERTIFICATE OF OCCUPANCY (ORIGINAL)**  
**BUILDING DEPARTMENT – SAN JUAN COUNTY, UTAH**

Applicant to fill in Completely

Building Address	CLASS OF WORK			
	New	Demolish		
Locality	Alteration	Repair		
Nearest Cross St.	Addition	Move		
PERMITTEE Name	Use of Building			
PERMITTEE Mail Address	Size of Building		Height	
PERMITTEE City	PERMITTEE Tel. No.	No. of Rooms	No. of Families	
ARCHITECT ENGINEER Name	No. of Floors	Size of Lot		
ARCHITECT ENGINEER Address	No. of Bldg. Now on Lot	Use of Bldg. Now on Lot		
ARCHITECT ENGINEER City	ARCHITECT ENGINEER State License No.	ARCHITECT ENGINEER Tel. No.	SPECIFICATIONS	
CONTRACTOR Name			Material	Size
CONTRACTOR Address			Foundation	
CONTRACTOR City			Ext. Walls	
CONTRACTOR State License No.	CONTRACTOR Tel. No.			Partitions
LEGAL DESCRIPTION Subdivision			Girders	
LEGAL DESCRIPTION Lot No.	LEGAL DESCRIPTION Blk.			Joist-1st Floor
			Joist-2nd Floor	
			Joist-Ceiling	
			Rafters	
			Roof	
			COVERING	
			Exterior Walls	Roof
			Interior Walls	Reroofing
			FLUES	
			Fireplace	FL Furnace
			Kitchen	Water Heater
			Furnace	Gas Oil
			CULINARY WATER	
			Well	
			Utility	
			SEWAGE	
			Septic Tank	Other
			Sewer	



FOR DEPT. USE ONLY

Date Issued	Building Permit Number	
VALUATION \$	Bldg. Fee \$	
	Electrical Fee	
	Plumbing Fee	
	Plan Check Fee	
Area:	Total \$	

- Type of Construction I, II, III, IV, V, VI
- Occupancy Group A B C D E F G H I J  
Division 1 2 3 4
- Use Zone A B C D E F G H I J K L M  
N O P Q R S T U V W X Y Z  
1 2 3 4 5 6 7 8 9
- Fire Zone 1 2 3 4

CALLED INSPECTIONS

BUILDING	PLUMBING	ELECTRIC
Foundation	Rough	Rough
Frame	Septic Tank	Finish
Plaster	Sewer	Fixtures
Flues & Runs	Gas	Motors
Final	Finish	Final

I hereby acknowledge that I have read this application and state that the above is correct and agree to comply with all County Ordinances and State Laws regulating building construction, zoning and sanitation.

Date: \_\_\_\_\_  
 Signature of Permittee \_\_\_\_\_  
 by \_\_\_\_\_

Approved: \_\_\_\_\_  
 Date \_\_\_\_\_  
 by \_\_\_\_\_  
**PLANNING COMMISSION**

Approved: \_\_\_\_\_  
 Date \_\_\_\_\_  
 by \_\_\_\_\_  
**HEALTH DEPARTMENT**

Approved: \_\_\_\_\_  
 Date \_\_\_\_\_  
 by \_\_\_\_\_  
**BUILDING DEPARTMENT**