

Building Permit Application Instructions Remodel

Building Permit Application Form

- Please fill in all items in the left column completely & legibly
- You **MUST** provide accurate information on each contractor, include address, phone number, and State License Number. Please make sure the information you submit is current and correct.

Supplemental Documents

- Plan Check Fee Deposit \$47
- Site Plan
- Dust Control Requirement Form – signed
- Fire Chief Review Information – signed (Additions Only)
- Two Sets of Original Stamped & Signed Engineered Plans
- Structural Calculations

Please Notify the City

- If there is a change in contractor
- If you are having difficulty submitting additional information that has been requested by the city
- If you choose not to proceed with your application

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT
Elyse at 801-479-3177 or egreiner@southwebercity.com**

*Cash, Check, or Money Order Only



BUILDING PERMIT APPLICATION

BECOMES A PERMIT WHEN APPROVED & SIGNED

COMPLETE ALL ITEMS IN THIS COLUMN (where applicable)		OFFICE USE	Date Issued	Permit No.
Date of Application	Projected Start Date	Receipt No.		
Property Address		Parcel No.	Zone	
Lot #	Subdivision	Minimum Setbacks Front Side Side Rear		
Proposed Use of Structure		Proof of Secondary Water		
Type of Construction <input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition or Improvement <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish		VALUATION \$		
Total Property Area – acres or sq. ft.		FEES		
Previous Use of Land or Structure (past 3 years)		Building Permit Fee		
Property Owner		Phone:		\$
		Mobile:		Plan Check Deposit (due upon submission of app.)
Mailing Address		City	Zip	\$
Name of Applicant or Applicant Company (<input type="checkbox"/> check here if same as Property Owner)		Plan Check Balance		
		Parks		
Contact Name		Phone:		Water
		Mobile:		Sewer
Address		City	Zip	Storm Sewer
General Contractor		Road		
		State Lic #		
Address		City	Zip	State Fee
		Public Safety Bldg.		
Phone:		Mobile:		Recreation Impact
Electrical Contractor		Completion Bond (refundable upon final inspection)		
		State Lic #		
Address		City	Zip	Central Weber Sewer
		Total Fees		
Phone:		Mobile:		Completion Bond Release – Date:
Plumbing Contractor		SCW Ck #:		
		State Lic #		
Address		City	Zip	NOTES/COMMENTS:
		Phone:		
		Mobile:		
Mechanical Contractor		REVIEW/APPROVAL:		
		State Lic #		
Address		City	Zip	Deputy Recorder
		Phone:		Date
		Mobile:		Building Official
Surety Name (<input type="checkbox"/> check here if none)		Date		
		Phone		
Address		City	Zip	Fire Chief (where applicable)
		Date		
Sq Ft - Main/Upper Floors: _____ Sq Ft - Garage: _____		APPLICATION IS NOT VALID PERMIT UNTIL APPROVED & SIGNED		
Sq Ft - Basement: <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished (check one)		This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 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.		
No. of Offstreet Parking Spaces - Covered: _____ Uncovered: _____		If any person takes occupancy prior to receiving "Certificate of Occupancy" from South Weber City, the Completion Bond will be forfeited and a penalty of \$50 per day will be assessed.		
If Corner Lot – which side fronts street? (check one) <input type="checkbox"/> North <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> South		Census Tract: 1251.01		
Secondary Water Provider (check one)		Traffic Zone:		Date
<input type="checkbox"/> South Weber Water Improvement District (certificate required with application)		Cert of Occupancy (temp)		
<input type="checkbox"/> Davis and Weber Counties Canal Company (certificate required with application)		Expires:		
<input type="checkbox"/> Weber Basin Conservancy District		Cert of Occupancy (perm)		
<input type="checkbox"/> Other (specify)				
I hereby certify that the information contained in this application is true and correct.				
Applicant Signature		Date		



DEPARTMENT OF COMMERCE
Division of Occupational
& Professional Licensing
160 E 300 S, Fourth Floor
P O Box 146741
Salt Lake City UT 84114-6741
(801) 530-6628

OWNER/BUILDER CERTIFICATION
and
AGREEMENT TO COMPLY WITH
THE CONSTRUCTION TRADES
LICENSING ACT

Fax a copy of this Form and Permit to (801) 530-6301 attn: Jody

Name of Owner/Builder: _____

Address: _____

City, State, Zip: _____

LOCATION OF CONSTRUCTION SITE

Address: _____

City, State, Zip: _____

Subdivision Name: _____ Lot # _____

CERTIFICATION

I, _____, certify under penalty of perjury that the following statements are true and correct and are based upon my understanding of the Utah Construction Trades Licensing Act:

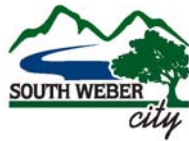
1. I am the sole owner of the property and construction project at the above described location; the project described is the only residential structure I have built this year; I have not built more than three residential structures in the past five years.
2. The improvements being placed on the property are intended to be used and will be used for my personal, non-commercial, non-public use.
3. I understand that work performed on the project must be performed by the following:
 - a. myself as the sole property owner; or
 - b. a licensed contractor; or
 - c. my employee(s) for whom I have worker's compensation insurance coverage, for whom I withhold and pay all required payroll taxes, and with respect to whom I comply with all other applicable employee/employer laws; or
 - d. any other person working under my supervision as owner/builder to whom no compensation or only token compensation is paid; and
4. I understand that if I retain the services of an unlicensed contractor or compensate an unlicensed person, other than token compensation, or other than as an employee for wages, to perform construction services for which licensure is required, I may be guilty of a Class A Misdemeanor and may be additionally subject to an Administrative fine in the maximum of \$2,000 for each day I violate the law.

Dated this _____ Day of _____ 20__

Signature of Owner/Builder

Subscribed and sworn before me this ____ day of _____ 20__, in the county of _____ State of Utah.

Notary Public



SOUTH WEBER CITY
DUST CONTROL REQUIREMENT

APPLICANT or GENERAL CONTRACTOR _____

SUBDIVISION _____ **LOT #** _____

ADDRESS _____

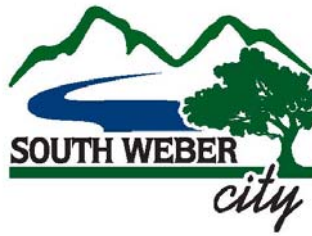
The builder will make every effort to prevent dust, sand and soil from blowing or becoming airborne and being carried off the site.

The following dust control procedures will be adhered to:

- ✓ Attempts will be made to leave all natural vegetation on lot.
- ✓ Heavy equipment will be utilized only when wind is down.
- ✓ Temporary secondary sprinklers will be placed around perimeter of lot and used to keep dust down as needed.

Applicant/Contractor or Owner Signature

Date



DESIGN CRITERIA*

In accordance with the International Building Code (IBC)

Design Type	Criteria
Snow Load (Ground)	57 PSF
Snow Load (Roof Minimum)	40 PSF + Drifting
Wind	120 mph
<u>Wind Exposure Category</u> East of 1900 East and North of 7800 South All Other Areas	C B
<u>Seismic</u> International Building Code International Residential Code	D D2
<u>Climate</u> Winter Temperature Frost Depth	6° F 30 inches
<u>Subject to Damage From</u> Weathering Termite Decay Flood Hazard	Severe Slight None to Slight See City Maps

***Please ensure that the calculations you submit comply with these standards. Any application received with incorrect calculations will be denied until the corrections have been made.**