



SYRACUSE CITY BUILDING PERMIT APPLICATION

Syracuse City Building Department - 1979 W 1900 S - Syracuse, Utah 84075 - Telephone 801-825-1477 opt 4

Date of Application		Date Work to Begin		Receipt No.	Date Issued	Permit No. SYR	
Proposed Use				Building Fee Schedule			
Bldg. Address				Sq. Ft. of Building:		Valuation: \$	
Assessor's Parcel No.				<input type="checkbox"/> Rough Basement:		Building Fee	
Lot No. Subdivision/Phase#				<input type="checkbox"/> Finished Basement:		Plan Check Fee	
Total Property Area - In sq. ft. Total Bldg. Site Area Used				Carpport Sq. Ft.:		Sec. Conn.	
Owner				Garage Sq. Ft.:		Sec. Impact	
Address				Type of Bldg.		Occ. Group	
City Zip Phone				No. of Bldgs.		R - Values	
Email				No. of Stories		Walls Roof	
Tenant/Business Name Business License No.				No. of Bedrooms		Water Conn.	
Architect/Engineer				No. of Bathrooms		Sewer Conn.	
License Phone				No. of Dwellings		Storm Sewer Impact	
General Contractor				Type of Construction		Traffic Impact	
Address				<input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Concrete		State Fee	
City Zip Phone				<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Steel		Constr. Meter	
Email				Max. Occ. Load		Public Safety Fee	
Electrical Contractor				Sq. Ft. Porch/Patio		NDSD Impact	
License				Brick Design		Garbage	
Address				Yes No		Other	
City Zip Phone				U Factor Window		City Storm Water	
Email				Fire Sprinkler		Fire Inspection	
Plumbing Contractor				Yes No		Fire Alarm	
License				Yes No		Yes No	
Address				State Storm Water Permit #: _____			
City Zip Phone							
Email				If any person takes occupancy prior to receiving 'Certificate of Occupancy' document from Syracuse City, the Contractor/Permit Signee will be cited with a Class B misdemeanor according to the adopted ordinance.			
Mechanical Contractor							
License							
Address				Comments:			
City Zip Phone							
Email							
Previous Usage of Land or Structure (past 3 years)				Plan Check by:			
Dwell. Units Now on Lot: Accessory Buildings Now on Lot:							
Type of Improvement/Kind of Construction							
<input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish				Signature of Approval _____ Date _____ 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. I hereby certify that I have read and examined this application and know the same to be 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 and that I make this statement under penalty of perjury. *This permit does not become a permit until signed below*			
No. of Off-street Parking Spaces: Covered: Uncovered:							
SUB-CHECK							
Zone: _____ Approved by: _____ Disapproved Approved Sub-Check by: _____ Indicate North Date: _____ Indicate Street If Corner Lot				Signature of Contractor or Authorized Agent _____ Date _____ Signature of Owner (if owner) _____ Date _____			
Minimum Setbacks in Feet Front Side Side Rear							
Plot Plan 							
Front Side Side Rear				Census Tract		Census Block	
NOTE: 24-hour notice is required for ALL Inspections				PLEASE FILL OUT SHADED AREA ONLY			