



PARK CITY BUILDING PERMIT APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*
Ownership information must match the County Assessor records
Park City Municipal Corporation 445 Marsac Ave. Park City, UT 84060
Office: 435-615-5100 Inspection Line: 435-615-5103
www.parkcity.org

Date Received: _____

Building Permit Number: _____

Decisions relative to this application are subject to review by the chief executive officer of the municipal or county entity issuing the single-family residential building permit and appeal under the International Residential Code as adopted by the Legislature.

Property Address*: _____ County*: _____

Property Owner*: _____ Tax Parcel ID#(s)*: _____

Mailing Address*: _____ City/State*: _____ Zip*: _____

Phone: (____) _____ Email: _____ Use for correspondence

Contractor or Handyman*: _____ UT State License#*: _____

Address*: _____ City/State*: _____ Zip*: _____

Phone*: (____) _____ Email: _____ Use for correspondence

Architect (if applicable): _____

Phone: (____) _____ Email: _____ Use for correspondence

Current use*: _____

Proposed use*: _____

Description and Purpose of Work*:

Sub-Contractor*:	UT State License#*:	Valuation*:
Electrical:		\$
Mechanical:		\$
Plumbing:		\$
Renewable Energy System:		\$

VALUATION OF ALL OTHER WORK (Valuation defined as- labor and materials to finish)*: \$ _____

I HAVE READ AND AGREE TO ALL TERMS ON THE BACK OF THIS FORM UNDER "ACKNOWLEDGEMENT":

SIGNED*: _____

PRINTED*: _____ DATE*: _____

Check applicable roles*:

Owner: _____ Contractor: _____ Authorized Agent of Owner: _____ Owner/Builder: _____ Original Contractor: _____

If you are not the owner or a contractor hired directly by the owner, you must attach a copy of your authorization to pursue this action provided by the owner*.

DEPARTMENT USE ONLY

PLANNING COMMENTS:

Reviewer and Date: _____

ENGINEERING COMMENTS:

Reviewer and Date: _____

ENVIRONMENTAL COMMENTS:

Reviewer and Date: _____

BUILDING COMMENTS:

Reviewer and Date: _____

OTC INFORMATION

CE's N/A 2X Fee: CE-_____-_____

SOILS NO YES N/A

HOA N/A RECEIVED

LICENSE TYPE _____

Acknowledgement

I hereby certify that the setback distances proposed by this permit application are accurate, and do not violate applicable ordinances, rules or regulations of Park City Municipal Corporation or covenants, easements or restrictions of record; that all measurements shown, and allegations made are accurate.

I further certify that the name and current licensing of the contractor and all other above-provided information is true, accurate and current. I further agree to amend this information if the contractor on this permit changes.

I have read and agree to abide by all conditions printed on this application and that I assume full responsibility for compliance with the State of Utah Building Code, the International Building Code (I.B.C), Park City's Municipal and Land Use Ordinances and all other applicable Ordinances, for work under this permit.

I understand that all plans are subject to inspection.

I hereby affirm that I am the owner of the above described property or that I have written authorization from the owner to pursue the described action. (Owner includes any person, agent, firm or corporation having a legal or equitable interest in the property)

READ ONLY