



Park City Municipal Corporation  
 445 Marsac Avenue  
 Park City, UT 84060  
 Office number: 435-615-5100  
 Inspection Line: 435-615-5103

**DEPARTMENT OF BUILDING SAFETY**  
**SUB-PERMIT APPLICATION**

Building Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_ State Contractor Lic #: \_\_\_\_\_

Journeyman # (if applicable): \_\_\_\_\_

Business Lic. # (if applicable): \_\_\_\_\_

Type of work (circle one):      **ELECTRICAL**      **MECHANICAL**      **PLUMBING**

Description or purpose of work: \_\_\_\_\_

Valuation of work \$ \_\_\_\_\_

**READ ONLY**

Sq. feet \_\_\_\_\_ BTU'S \_\_\_\_\_ AMPS \_\_\_\_\_ UNITS \_\_\_\_\_

**SIGNATURE OF UNDERSTANDING AND AGREEMENT:**

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; that 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 (I.B.C), Park City's Municipal and Land Use Ordinance and all other applicable Ordinances, for work under this permit.

**Plans Subject to Field Inspection**

SIGNED \_\_\_\_\_

PRINTED \_\_\_\_\_

**DEPARTMENT USE ONLY**

Sub-Permit Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Date: \_\_\_\_\_

CE'S:  
 N/A     2X FEE: \_\_\_\_\_  
 VALID LICENSE:  
 N/A     OK TYPE: \_\_\_\_\_

Sub-total \_\_\_\_\_

1% State Surcharge \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_