



## COMMUNITY DEVELOPMENT DEPARTMENT

220 East Morris Avenue, Suite 200

South Salt Lake City, Utah 84115

(801) 483-6005 telephone

(801) 483-6060 fax

[www.sslc.com](http://www.sslc.com)

# BUILDING PERMIT APPLICATION

## CHECKLIST PRIOR TO SUBMITTAL

1. Complete Application & Affidavit
2. Nonrefundable fees
3. TWO paper copies of plans (24" x 36")
4. ONE digital copy of plans on CD ONLY (*emails and flash drives not accepted*)
5. Location must have a current business license or pending application with SSL

**\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\***

## PLAN RE-SUBMITTAL

1. Copy of plan review(s) sent by Planning, Building, Engineering, Fire
2. Response letter stating where corrections were made to plans
3. TWO paper copies of plans (24" x 36") (*Complete plan – No Single Pages*)
4. ONE digital copy of updated complete plans on CD ONLY

*Submitting a building permit application does not authorize the applicant to begin construction. Working without an approved permit violates South Salt Lake Municipal Code. South Salt Lake City reserves the right to pursue enforcement action including but not limited to Notice of Violation and Summons, and Citations.*

*Applicants are responsible for addressing and correcting all inaccurate or incomplete application documentation. Inactive applications automatically void after 180 days. All voided applications require submittal of new applications, including payment of all costs and fees. All application fees are nonrefundable.*



BUILDING PERMIT APPLICATION

PERMIT NO. APPLICATION DATE:

PROPERTY ADDRESS:

FEE TITLE OWNER(S):

MAILING ADDRESS: STATE: ZIP:
PHONE: EMAIL:

\*\* AFFIDAVIT REQUIRED FOR ALL PERMIT APPLICATIONS (SEE ATTACHED) \*\*

BUSINESS INFORMATION

BUSINESS NAME: ADDRESS: STATE: ZIP:
SSLC BUSINESS LICENSE NUMBER: PHONE: EMAIL:

PRIMARY CONTACT:

NAME: PHONE: EMAIL:

ARCHITECT:

NAME: PHONE: EMAIL:

GENERAL CONTRACTOR:

NAME: STATE LICENSE NUMBER: EXPIRATION DATE:
PHONE: EMAIL:

ELECTRICAL CONTRACTOR:

NAME: STATE LICENSE NUMBER: EXPIRATION DATE:
PHONE: EMAIL:

MECHANICAL CONTRACTOR:

NAME: STATE LICENSE NUMBER: EXPIRATION DATE:
PHONE: EMAIL:

PLUMBING CONTRACTOR:

NAME: STATE LICENSE NUMBER: EXPIRATION DATE:
PHONE: EMAIL:

DESCRIPTION OF WORK:

RESIDENTIAL COMMERCIAL

**VALUATION OF PROJECT:**

(NOT NEW CONSTRUCTION – INCLUDES LABOR AND MATERIALS)

**NEW CONSTRUCTION VALUATION:**

**RESIDENTIAL**

OCCUPANCY GROUP: \_\_\_\_\_ TYPE OF CONSTRUCTION: \_\_\_\_\_  
FINISHED SQ. FT.: \_\_\_\_\_  
UNFINISHED SQ. FT.: \_\_\_\_\_  
GARAGE SQ. FT.: \_\_\_\_\_

**COMMERICAL**

OCCUPANCY TYPE: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_  
SQUARE FOOTAGE.: \_\_\_\_\_  
  
OCCUPANCY TYPE: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_  
SQUARE FOOTAGE.: \_\_\_\_\_  
  
OCCUPANCY TYPE: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_  
SQUARE FOOTAGE.: \_\_\_\_\_

**FIRE SPRINKLERS:**

\_\_\_\_\_ YES TYPE: \_\_\_\_\_ NFPA13 \_\_\_\_\_ 13R \_\_\_\_\_ 13D

\_\_\_\_\_ NO

MAXIMUM OCCUPANT LOAD: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RESPONSIBILITY**

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party with whom the City should communicate regarding any matter pertaining to this application.

The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.

SIGNATURE OF APPLICANT: \_\_\_\_\_

NAME OF APPLICANT (PRINTED): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**-----FOR CITY USE ONLY-----**

Total Fees Due: \_\_\_\_\_

Building: \_\_\_\_\_

Plan Check: \_\_\_\_\_ Receipt #: \_\_\_\_\_

State Fee: \_\_\_\_\_

Water Impact: \_\_\_\_\_

Sewer Impact: \_\_\_\_\_

Parks Impact: \_\_\_\_\_

Final Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

## PROPERTY OWNER'S AFFIDAVIT

I/we \_\_\_\_\_, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My commission expires: \_\_\_\_\_

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## AGENT AUTHORIZATION

I/we, \_\_\_\_\_, the owner(s) of the real property located at \_\_\_\_\_, South Salt Lake City, Utah, do hereby appoint \_\_\_\_\_ as my/our agent to represent me/us with regard to this application affecting the above described real property located in the city of South Salt Lake, and authorize \_\_\_\_\_ to appear on my/our behalf before any City Board or Commission considering this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My Commission expires: \_\_\_\_\_

