

**City Offices:** (801) 446-5323  
**Fax:** (801) 838-9073  
**Inspection Requests:** (801) 446-5327  
 (24-HOUR ADVANCED NOTICE REQUIRED)

**CITY OF HERRIMAN**  
 13011 S. Pioneer St. ~ Herriman, UT 84096  
**BUILDING PERMIT APPLICATION**

**PERMIT #**

Description of Work \_\_\_\_\_  
 Residential  Non-Residential  
 New  Addition  Remodel  Tenant Finish  Move Building  Pre-Inspection  
 Demolitions (Health approval \_\_\_\_\_; Historic \_\_\_\_\_) Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 If named street, give coordinate location \_\_\_\_\_; Sidwell # \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Phase \_\_\_\_\_ Lot # \_\_\_\_\_  
 Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant \_\_\_\_\_ Phone \_\_\_\_\_  
 Applicant Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_  
 Zone \_\_\_\_\_  
 Minimum OR Setbacks  See Approved Site Plan  
 Front \_\_\_\_\_ Side \_\_\_\_\_  
 Rear \_\_\_\_\_ Side \_\_\_\_\_  
 Corner Lot   
 Manufactured Home

HAZARDS	Yes	No
Flood Plain	<input type="checkbox"/>	<input type="checkbox"/>
Fault Rupture	<input type="checkbox"/>	<input type="checkbox"/>
Liquefaction	<input type="checkbox"/>	<input type="checkbox"/>
Contaminated Soils	<input type="checkbox"/>	<input type="checkbox"/>

**CONTRACTOR/DESIGNERS**

Name	State License #	Phone #
General _____	_____	_____
Electrical _____	_____	_____
Mechanical _____	_____	_____
Plumbing _____	_____	_____
Architect/Engineer _____	_____	_____
Environmental/Civil Engineer _____ <small>(Remediation plan required if contaminated soils exist.)</small>	_____	_____

**CARD FILE**

# \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**CHECK ONE**

**LICENSED CONTRACTOR DECLARATION:**

I herby affirm that all work will be performed by contractors licensed under the Construction Trades Licensing Act (58-55, UCA) whose licenses are in full force and effect.

If contractors have not been selected at the time of the application for this permit, the permit is issued only on the condition that currently licensed contractors shall be selected by the applicant, that the applicant shall provide the names and license numbers of the contractors to the City of Herriman, and shall enter the same names and numbers on the permit before they begin their work.

This permit shall become null and void if work is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days or more at any time after the work has commenced. Commencement or continuation of work shall be verified only by inspection reports from an inspector for the City of Herriman. All required inspections shall be requested at least one working day before they are to be made. Inspections are required before any work is covered. Please call if you need further information about when an inspection is required.

I hereby certify that I have read and examined this permit and that the information provided by me is 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

**OWNER-BUILDER DECLARATION**

I hereby claim exemption from the requirement for licensing under the Construction Trades Licensing Act (58-55, UCA) because work will be performed by the owner of the property for his/her private, non-commercial, non-public use. Any work not performed by the owner will be performed by a contractor licensed under the Construction Trades Licensing Act, and the names and license numbers of the contractors shall be provided to the City of Herriman, and shall be entered on the permit before their work is begun.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Please Print Name \_\_\_\_\_

SIGNATURE ACKNOWLEDGES PERMISSION TO ENTER PROPERTY FOR ALL INSPECTIONS

Valuation \$ \_\_\_\_\_  
 Type of Construction \_\_\_\_\_  
 Occupant Load \_\_\_\_\_  
 Group/Division \_\_\_\_\_ Square Feet \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Fire Sprinklers Yes  No

Zoning Comments \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Building Code Comments \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Engineering Comments \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Water Comments \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

**ZONING CORRECTIONS**

- Provide Architectural Committee approval
- Provide (2) copies of a site plan
- Setbacks do not comply with City Ordinance \_\_\_\_\_
- Requires Occupancy Restriction form to be signed and notarized
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