

Date: _____ Deposit: _____ Permit Number: _____
Date Approved: _____ Approved by: _____ Date Issued: _____ Receipt Number: _____

Midway City Building Permit Application

Property Owner Information:

Owner Builder? _____

Name: _____ Phone Number: (____) _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Applicant (if other than owner): _____

Permit **Property** Address: _____ County: **Wasatch**

PUD or Subdivision: _____ Phase _____ Lot #: _____

Assessor's Parcel Number: _____ Estimated Value of Project: _____

Structure Age \geq 75 years? _____ Yes _____ No Structure on **any** Historical Register? _____ Yes _____ No

Contractor Information:

General: _____ License No. _____

Electrician: _____ License No. _____

Plumber: _____ License No. _____

HVAC Contractor: _____ License No. _____

Work for which permit is requested: _____

Previous usage of land or structure (Past 3 years): Vacant: _____ Other: _____

Other buildings on property and use: _____

Contact Name: (print) _____ Phone: _____

Fax: _____ Contact e-mail: _____

Signature of Applicant: _____

(Office Use Only From Here Down)

Zoning district: _____ Public Street _____ Private Street _____

Water Board approval required? _____ Yes _____ No Schedule Date: _____ Approval Date: _____

Property subject to any waterline-extension agreements? _____ Yes _____ No _____ (Names)

Elevation Certificate Required? _____ Yes _____ No Second Kitchen Affidavit Required? _____ Yes _____ No

Zoning Approved By: _____ Date: _____

Building Occupancy Classification: _____ Construction Type: _____

Square footage above grade: _____ Stories: _____ Valuation: _____

Foundation Type & sq. ftg: Crawl: _____ Finished Basement: _____ Unfinished Basement: _____

Building Safety Approval: _____ Date: _____

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.

Building Permit Number: _____

New SFD Deposit: \$ _____

Full Permit Payment:
Permit: \$ _____

Plan Review: \$ _____

State 1%: \$ _____

State: \$ _____

City: \$ _____

Site Disturbance Permit: _____

_____ Site Disturbance Permit Fee: \$25.00

TOTAL: \$ _____

_____ Site Disturbance Plan Review Fee: \$25.00

_____ Site Disturbance State 1% Fee: State: \$.20
City: \$.05

Expiration: Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after the time the work is commenced. At least one inspection shall be called for during the first 180 days; each inspection pushes the expiration date out another 180 days. The building official is authorized to grant, in writing, one or more extensions of time for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

The fee to reopen an expired permit is 50% of the original permit fee.

I warrant that all information provided is true, accurate, and complete. If this permit is wrongfully issued, whether due to misinformation or an improper application of the code, the permit may be revoked.

I understand the conditions of this permit:

Signed: _____ Date: _____
Applicant