## SUMMIT COUNTY BUILDING PERMIT APPLICATION

PHONE 435-336-3124 NOTE: 24 hours notice is required for all inspections

Applicant to fill out left side only		OFFICE USE ONLY		
Owner of Property The Canyons/Lift		Utah Permit Number Plan Check M		Plan Check No.
Phone		, ,		Plan Check No.
435 615 3393		SUM080808004		172
Malling Address		Summit County Permit Number		Date Issued
Building Address Pesort Dr		08430		8-8-08
		\$200.00 Application Fee Paid	Yes	No
Subdivision Name:		Buildin	g Fee Schedule	
1.7.1		Sq. Ft of Bldg:	Valuation: 4	580,000
Proposed Use of Structure  Assessors Parcel No		Main Floor	Building Fee /	79 25.
Sour Ci Viii	PP I	2nd Floor Finished Bsmt	Plan Check Fee	772.58
Total Property Area	Total Bldg Site	Garage (	Electrical Fee	
in Acres or Sq. Ft.	Area used	Decks	Plumbing Fee	-
Dwelling Units	Accessory Bidgs.	Other	Mechanical Fee	
Now on Lot?	Now on Lot?	Building Discription:	Demolition Fee	
Architect/Engineer	Phone	No. of Dwellings	Double Fee	
		No. of Buildings		
Address		No. of Stories	1	,
		Occ. Group	-	<del></del>
General Contractor Phone		Type of Construction		
Doppelman CT	ECIAC	Roof Snow Load		
Address	State Lic. No.	No. of Bathrooms	1% Surcharge	7726
3/60 W 500 S	508329-56	Fire Sprinklers Required:		11.00
ciocal Contractor	Phone	Yes No	Total	83750
Address	- I	Permit Issuance Approved	Ву:	1.7
	State Lic. No.	JAY :	0	-0000
Turnbing Contractor	Phone	1/1m	_ 8	8.00
	Filone	Building Department's Representa	itive	Date
ddress State Lic. No.		SDECIAL APPROVALS		
		SPECIAL APPROVALS	REQUIRE	D RECEIVED
Mechanical Contractor	Phone	Fire Department Water or Well Permit		
		Sewer or Septic Tank		
ddress	State Lic. No.	Road Approach Permit V/	NE	1 - 10
10705		Recreation District	L No Frey	1990
OTICE:		Other (specify)		
onstruction may require installation of un	derground utilities. Summit	Special Requirements or Commen	ts:	
ounty will not allow open excavation of re	padways after October 1st.			
his permit becomes null and void if work	or construction authorized			-
not commenced within 180 days, or if co	enstruction or work is	Zoning Approval:		
spended or abandoned for a period of 1	80 days anytime after work		Setbacks:	ex Chuite
commenced. I hereby certify that I have	read and examined and	Zone: SPA	Front:	Rear:
now the same to be true and correct. All	provisions of laws and or-	Cert of Survey Required	Side: (1)	e Plan.
nances governing this type of work will be edified herein or not. The granting of a p	e complied with whether	Cert of Elevation Required	D Left:	Right:
e authority to violate or cancel the provide	stone of any other state	Maile Hatour	2/2	10
re authority to violate or cancel the provisions of any other state or cal law regulating construction or the performance of construction		The state of	0/8	100
that I make this statement under penal	ty of perius	Zorling Department's Representati	/e / g	ate
	y or perjury.			
It Moterial	A A . I E A OB	County Engineer:		~
mature of Contractor	Date	Flood Zone: A	Shaded X	x
Campl hom	a BAUAD8			1-1
nature of Owner(s)	Date Date	January Comments of the Comment of t	8	18/08
• •	Date	County Engineer's Representative	C	ate