



BUILDING PERMIT APPLICATION SIDING

Community Development Department
55 South State Street
(801) 525-2780

Please print legibly and complete all areas:

Project address:				
Project Value: \$	check one:	<input type="checkbox"/> contract value	<input type="checkbox"/> estimate	
Applicant's name:				
Applicant's Address:				
Phone:	Cell:	EMAIL:		
Owner's Name:				
Owner's Address:				
Phone:	Cell:	EMAIL:		
Type of Building:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial		
Type of Siding (check one):	<input type="checkbox"/> VINYL	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER:
Areas to be covered (check all that apply):	<input type="checkbox"/> BODY	<input type="checkbox"/> SOFFIT	<input type="checkbox"/> FASCIA	<input type="checkbox"/> OTHER:
New Rain gutters	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
New Windows	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
General Contractor:			Utah State Lic. #	
Address:			Phone No.	
Siding Contractor:			Utah State Lic. #	
Address:			Phone No.	

Applicant's signature

date

Accepted by

date