



# Building Permit Application

**Centerville City**

655 North 1250 West

Centerville, Utah 84014

Phone (801) 292-8232 • Fax (801) 292-8251

*Please note that permit review is seven (7) business days. If additional information or any corrections are needed, there could be a delay*

DATE APPLIED:	PERMIT DESCRIPTION:	ADDRESS OF PROJECT:
LOT #:	SUBDIVISION:	CARD FILE NAME:
NAME OF PROPERTY OWNER:	OWNER PHONE NUMBER:	
PROPERTY OWNER'S MAILING ADDRESS:	CITY,	STATE, ZIP CODE
ASSESSOR'S PARCEL NUMBER: #	WHAT IS THE DOLLAR VALUE OF THIS PROJECT? \$ _____	NAME OF DESIGNER, ARCHITECT OR ENGINEER:

*(Please complete all information that applies to your project)*

NAME OF <b>GENERAL CONTRACTOR</b> : (If not a licensed contractor, Form Owner/Builder Certification must be signed & notarized)	BUSINESS PHONE:
BUSINESS ADDRESS:	CELL PHONE:
CONTACT NAME:	CITY, STATE, ZIP CODE:
	CONTRACTOR LICENSE #:

NAME OF <b>ELECTRICAL CONTRACTOR</b> :	BUSINESS PHONE:
BUSINESS ADDRESS:	CITY, STATE, ZIP CODE:
CONTACT NAME:	CONTRACTOR LICENSE #:

NAME OF <b>PLUMBING CONTRACTOR</b> :	BUSINESS PHONE:
BUSINESS ADDRESS:	CITY, STATE, ZIP CODE:
CONTACT NAME:	CONTRACTOR LICENSE #:

NAME OF <b>MECHANICAL CONTRACTOR</b> :	BUSINESS PHONE:
BUSINESS ADDRESS:	CITY, STATE, ZIP CODE:
CONTACT NAME:	CONTRACTOR LICENSE #: