



CITY OF SOUTH JORDAN ■ PLANNING & ZONING
1600 W. TOWNE CENTER DRIVE ■ SOUTH JORDAN UT 84095
TEL. (801) 254-3742 ■ FAX. (801) 253-5235

SIGN PERMIT APPLICATION

Business Name: _____

Address: _____

Business Phone: _____ Cell Phone _____ Fax: _____
(optional)

Sign Contractor/Applicant Name: _____

Address: _____

Business Phone: _____ Cell Phone: _____ Fax: _____
(optional)

Additional Required Information:

Sign Type – Permanent

(Circle type)

Wall Mounted Monument Pylon Awning

Temporary

On Premise Development, Construction or Subdivision

Off Premise Subdivision

Other

Canopy Signs Menu Boards Other Miscellaneous

Area (sq. ft.) of façade of building where sign will be placed if wall mounted _____

Area (sq. ft.) of site if monument or pylon sign _____

Provide on separate sheet(s) the following:

- Drawings of all proposed signs with dimensions shown (include profile of wall mounted signs showing distance set off of building)
- Drawings of building with dimensions of façades showing location of wall mounted signs
- Site plan indicating locations of monument, pylon or other freestanding signs (all signs to be set back a minimum of five (5) feet from property lines)
- Proposed Illumination
- Dimensions of any existing signs that are proposed to remain

All signs will be reviewed for conformance with the South Jordan City Sign Code, Title 16.36, copy available upon request.

All signs require a building permit and a building permit application is to be completed and submitted with this form.

BUILDING PERMIT APPLICATION

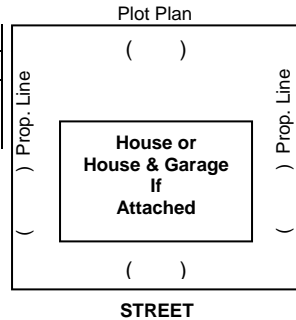
BECOMES PERMIT WHEN SIGNED

SOUTH JORDAN CITY

*Date of Application		Date Work Starts		Receipt No.		Date Issued		Permit Number					
*Proposed Use of Structure				BUILDING FEE SCHEDULE									
*Bldg. Address				Square Ft. of Building		Valuation							
*Address Certificate No.				Assessors Parcel No.		<input type="checkbox"/> Rough Basement		Building Fees					
						<input type="checkbox"/> Finish Basement		Plan Check Fees					
*Lot # * Block * Subd. Name & Number				Carport sq. ft.		Garage sq. ft.		Electrical Fees					
								Plumbing Fees					
* Property Location <input type="checkbox"/> *If metes and bounds see instructions				Type of Bldg.		Occ. Group		Mechanical Fees					
								Subtotal					
* Total Property Area – In Acres or Sq. Ft.				Total Bldg. Site Area Used		No. of Bldgs.		R. Value Walls					
						No. of Stories		Roof					
* Owner of Property Phone				No. of Bedrooms		No. of Dwellings		Sewer					
								Storm Sewer					
*Mailing Address City - Zip				Type of Construction <input type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel		Max. Occ. Load		Moving or Demo.					
								Re-inspection					
*Business Name Address Business Lic. No.				Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Approvals		State Fee					
								Required		Received		Approved	
*Architect or Engineer Phone				Board of Adjustment		Health Dept.		Fire Dept.					
*General Contractor Phone				Soil Report		Water or Well Permit		Traffic Engineer					
*Business Address – City – Zip		* State Lic. No.		* City/Co. Lic. No.		Flood Control		Sewer or Septic Tank					
*Electrical Contractor Phone				City Engineer (off site)		Gas		Comments:					
*Business Address – City – Zip		* State Lic. No.		* City/Co. Lic. No.		Land Use Cert.		Electrical Dept.					
*Mechanical Contractor Phone				HiBack C.G & S.		Other		Bond Required <input type="checkbox"/> Yes <input type="checkbox"/> No Amount					
*Business Address – City – Zip		* State Lic. No.		* City/Co. Lic. No.		This application does not become a permit until signed below.		Plan Chk. OK by					
*Previous Usage of Land or Structure (Past 3 yrs.)				Signature of Approval		Date		This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at anytime after work is commenced. I hereby certify that I have read and examined this application and know the same to be 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 and that I make this statement under penalty of perjury.					
*Dwell. Units Now on Lot		* Assessory Bldgs. Now on Lot		Signature of Contractor or Authorized Agent		Date		* Signature of Owner (If Owner)					
*Type of Improvement / Kind of Const. <input type="checkbox"/> Sign <input type="checkbox"/> Build <input type="checkbox"/> Remodel <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Convert Use <input type="checkbox"/> Demolish				Signature of Owner (If Owner)		Date		Census Tract		Traffic Zone		Coordinate Ident. No.	
* No. of off-street parking spaces: Covered _____ Uncovered _____				Disapproved _____ Date		Approved _____ Date		Sub-Ck. By _____		New S.L.U. Code No.		Old S.L.U. Code No.	
SUB-CHECK				Zone		Zone Approved By		PLANNING DEPT. USE		Certificate of Occupancy			

Disapproved _____ Date
Approved _____ Date

Minimum Setbacks in Feet			
Front	Side	Side	Rear



Note: 24 Hours notice is required for all inspections