

BECOMES PERMIT WHEN STAMPED

WEBER COUNTY

*Date: 8/8/79

*Proposed Use of Structure: Residential Dwelling

*Bldg. Address: 2594 South 4050 West

*Address Certificate No. W101/4 Sec. 33 T6N. R2W.

*Lot: - *Blck: - *Subd. Name & Number: -

*Property Location: Taylor *If metes and bounds see instructions

*Total Property Area - In Acres or Sq. Ft.: 1 Acre Total Bldg. Site Area Used: 1344 sq ft

*Owner of Property: Ruth A. James Phone: 731-5977

*Mailing Address: 4003 West 2550 South Taylor

*Business Name Address: - Business Lic. No.: -

*Architect or Engineer: [Signature] Phone: -

*General Contractor: Owner Phone: 731-5977

*Business Address: - *State Lic. No.: - *City/Co. Lic. No.: -

*Electrical Contractor: L & M Electric Phone: 399-5855

*Business Address: 257 37th *City/Co. Lic. No.: 025668

*Plumbing Contractor: Flint Plumbing Phone: 773-9090

*Business Address: 1930 West 2250 South *City/Co. Lic. No.: 028671

*Mechanical Contractor: Rentmeister Heating Phone: 773-6900

*Business Address: 1950 West 2250 South *City/Co. Lic. No.: 028304

*Previous Use of Land or Structure: Vacant

*Dwell. Units Now on Lot: -0- *Assessory Bldgs. Now on Lot: -

*Type of Improvement/Kind of Const.
 Sign Build Remodel Addition
 Repair Move Convert Use Demolish

*No. of offstreet parking spaces:
 Covered: - Uncovered: -

Receipt No. 9675 Date Issued 8-30-79 Permit Number 9675

864 BUILDING FEE SCHEDULE

Square Ft. of Building Valuation 36,000.00

Rough Basement Building Fees 145.00

Finish Basement Plan Check Fees

Carport sq. ft. Electrical Fees 400

Garage sq. ft. 480sq.ft. Plumbing Fees 4.00

Other Mechanical Fees

Type of Bldg. D Water

*No. of Dwellings 1 No. of Bldgs. 1 Sewer

1 No. of Stories 1 Storm Sewer

Occ. Group R-3 Moving or Demo.

Type of Construction Temporary Conn.

Frame Brick Ver. Reinspection

Brick Block Concrete Steel Other

Mpx. Occ. Load Other

Fire Zone

Fire Sprinklers Req. Yes No Total 153.0

Building Inspector Signature: Audrey Keebler

Comments:

Plan Chk. OK by Scott [Signature]

Special Approvals	Required	Received	Not Req.
Board of Adjustment			
Health Dept.			
Fire Dept.			
Soil Report			
Water or Well Permit			
Traffic Engineer			
Flood Control			
Sewer or Septic Tank (30 Aug.) 79-190			
City Engineer (off site)			
Gas			

Comments:

Land Use Cert. Received

Electrical Dept.

HiBack C.G. & S.

Other

Bond Required Yes No Amount

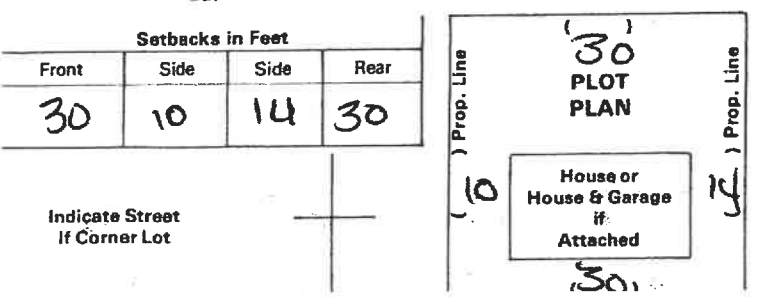
Signature of Approval: Audrey Keebler

This permit becomes null and void if work or construction authorized is not commenced within 120 days, or if construction or work is suspended or abandoned for a period of 120 days at any time 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.

SUB-CHECK Zone A-1 Zone Approved By: Nicholson

Disapproved _____ Date _____ Sub-Ck. By _____

Approved _____ Date _____ Sub-Ck. By _____



Signature of Contractor or Authorized Agent: Dave Soyola Date: 8-30-79

Signature of Owner (if owner): _____ (Date)

Census Tract. Traffic Zone Coordinate Ident. No.

BUILDING PERMIT APPLICATION

BECOMES PERMIT WHEN SIGNED

*Date of Application: **3 Oct 00** Date Work Starts: **10-19-00**

*Proposed Use of Structure: **Storage / Parking**

*Bldg. Address: **2594 S. 4030 W.**

*Address Certificate No.: [] Assessors Parcel No.: **15-091-0013**

*Lot # [] *Block [] *Subd. Name & Number []

*Property Location: **SEC 33 T6 N R2W** *If metes and bounds see instructions

*Total Property Area - In Acres or Sq. Ft. [] Total Bldg. Site Area Used []

*Owner of Property: **Peter Hucklibury** Phone: **731-5177** City - Zip: []

*Mailing Address: **2594 S. 4030 W., Ogd., UT 84401**

*Business Name Address [] Business Lic. No. []

*Architect or Engineer: **STEPHEN PHILIP MASLIN** Phone: **816-444-6260**

*General Contractor: **OWNER**

*Business Address - City - Zip [] *State Lic. No. [] *City/Co. Lic. No. []

*Electrical Contractor [] Phone []

*Business Address - City - Zip [] *State Lic. No. [] *City/Co. Lic. No. []

*Plumbing Contractor [] Phone []

*Business Address - City - Zip [] *State Lic. No. [] *City/Co. Lic. No. []

*Mechanical Contractor [] Phone []

*Business Address - City - Zip [] *State Lic. No. [] *City/Co. Lic. No. []

*Previous Usage of Land or Structure (Past 3 yrs.): **Storage / Parking**

*Dwell. Units Now on Lot [] *Accessory Bldgs. Now on Lot []

*Type of Improvement/Kind of Const.
 Sign Build Remodel Addition
 Repair Move Convert Use Demolish

*No. of offstreet parking spaces: Covered [] Uncovered []

Receipt No. **5849** Date Issued **10-18-00** Permit Number **09422**

BUILDING FEE SCHEDULE

Square Ft. of Building: 1830	Valuation: 18,300.-
<input type="checkbox"/> Rough Basement	Building Fees: 307.25
<input type="checkbox"/> Finish Basement	Plan Check Fees: 25.-
Carport sq. ft. []	Electrical Fees []
Garage sq. ft. []	Plumbing Fees []
Type of Bldg.: VN	Mechanical Fees []
Occ. Group: U-1	Subtotal []
No. of Bldgs.: 1	Water []
No. of Stories: 1	Sewer []
No. of Bedrooms: 0	Storm Sewer []
No. of Dwellings: 0	Moving or Demo. []
Type of Construction: <input checked="" type="checkbox"/> Frame <input type="checkbox"/> Brick Var. <input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel	Temporary Conn. []
Max. Occ. Load []	Reinspection []
Fire Sprinkler <input type="checkbox"/> Yes <input type="checkbox"/> No	State Fee: 307
Special Approvals []	Total: 310.32
Board of Adjustment []	Required [] Received [] Approved []
Health Dept. []	
Fire Dept. []	
Soil Report []	
Water or W. Permit []	
Traffic Engineer []	
Flood Control []	
Sewer or Septic Tank []	
City Engineer (off site) []	
Gas []	
Comments: Quonset - 100% 1-8-02 DEH.	
Land Use Cert. 197	
Electrical Dept. []	
HiBack C.G. & S. []	
Other []	
Bond Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount []
This application does not become a permit until signed below.	
Plan Chk. OK by: [Signature]	Date: 10-18-00
Signature of Approval: [Signature]	Date: 10-18-00
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 any time 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.	
Signature of Contractor or Authorized Agent: [Signature]	Date: 10/18/00
Signature of Owner (if owner): [Signature]	Date: 10/18/00
Census Tract. []	Traffic Zone []
Coordinate Ident. No. []	

SUB-CHECK Zone **A-1** Zone Approved By **J. C. ENTREZ**

Disapproved Approved Date: **10/4/00** Sub-Ck. By: []

Minimum Setbacks in Feet			
Front	Side	Side	Rear
10	20	10	10

Plot Plan: **10'**

House or Garage Attached: **10'**

Indicate Street If Corner Lot