



RELEASE FOR CERTIFICATE OF OCCUPANCY

SUBMIT IN PERSON:
CITY OF MOAB PLANNING
DEPARTMENT, 217 E CENTER STREET
MOAB UT 84532

EMAIL DOCUMENTS TO:
permitting@moabcity.org
CALL: 435-259-5129

The purpose of this document is to ensure agencies and departments have completed all assessments and/or inspections, and all requirements have been met. Signatures are required from the applicable agencies and departments, and this form given to the Building Inspector at the final inspection. This ensures that the Building Inspector can issue a Certificate of Occupancy based on the final inspection and the approval signatures on this form. No temporary Certificate of Occupancy will be given. Signatures are the responsibility of the Applicant.

BUILDING PERMIT INFORMATION

Building Permit No.: _____ Issued Date: _____
 Applicant Name: _____ Applicant Contact No: _____
 Building Address: _____ Commercial Residential
 Occupancy Type: _____ Zone: _____

CERTIFICATE OF OCCUPANCY APPROVALS REQUIRED FOR BOTH RESIDENTIAL AND COMMERCIAL

⇒ **MOAB CITY ZONING DIRECTOR OR DESIGNEE:** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

_____ CORRECTIVE ACTIONS COMPLETED

 ZONING APPROVAL

 APPROVAL DATE

⇒ **MOAB CITY ENGINEER:** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

_____ CORRECTIVE ACTIONS COMPLETED

 ENGINEERING APPROVAL

 APPROVAL DATE

⇒ **MOAB CITY PUBLIC WORKS DIRECTOR OR DESIGNEE:** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

_____ CORRECTIVE ACTIONS COMPLETED

 Public Works Director APPROVAL

 APPROVAL DATE



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Building Permit No.: _____

⇒ **MOAB CITY WASTE WATER OR GRAND WATER SEWER SERVICES:** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

____ CORRECTIVE ACTIONS COMPLETED

WASTE WATER APPROVAL

APPROVAL DATE

CERTIFICATE OF OCCUPANCY ADDITIONAL APPROVALS REQUIRED FOR COMMERCIAL

⇒ **MOAB VALLEY FIRE INSPECTOR OR DESIGNEE :** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

____ CORRECTIVE ACTIONS COMPLETED

MOAB VALLEY FIRE APPROVAL

APPROVAL DATE

⇒ **SOUTHEAST UTAH HEALTH DEPARTMENT:** _____ APPROVED _____ DENIED

If denied, please list corrective actions:

____ CORRECTIVE ACTIONS COMPLETED

SOUTHEAST UTAH HEALTH DEPARTMENT APPROVAL

APPROVAL DATE

CERTIFICATE OF OCCUPANCY FINAL APPROVAL REQUIRED FOR BOTH RESIDENTIAL AND COMMERCIAL

FOR OFFICE USE

Please give the completed form to the Building Inspector during the final inspection.

⇒ **MOAB CITY BUILDING INSPECTOR OR DESIGNEE:**

____ ALL MOAB CITY FEES HAVE BEEN COLLECTED

FINAL INSPECTION PASSED ON : _____

BUILDING INSPECTOR APPROVAL

APPROVAL DATE