

Address:

Permit Number: _____

Cedar City

10 North Main Street•Cedar City,UT 84720 435-865-4519 www.cedarcity.org Building Division Departmenta Sign-off Sheet

TENANT IMPROVEMENT DEPARTMENTAL SIGN-OFF

Date: _____

Owner;			
Building Official: DREW JACKSON	Co	de Edition:	
Occupancy Group and Use: (per ch. 3 IBC)			
Type of Construction: (per ch. 6 IBC)			Occupant Load:
Fire Sprinklers: Provided			Required
Special Conditions:			
permit summary page once	the pe	rmit passes t	generate to the 'Documents' section of the he requested Final Inspection. Please upload s an attachment for review prior to requesting
	1	T	
Signature	Date	Phone Number	Department or Division
		(435) 586-2964	Cedar City Fire Department
		(435) 233-0067	Cedar City Water Division
		(435) 867-9430	Cedar City Waste Water Division
		(435) 586-2437	Southwest Utah Public Health Department
Once Sign-off sheet is com	plete, plea	ase log on to the	permit portal to request the Final Building Inspection.
Once Sign-off sheet is comp		Addr	