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

<table>
<thead>
<tr>
<th>Building Permit No.:</th>
<th>Issued Date:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th>Applicant Contact No:</th>
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<table>
<thead>
<tr>
<th>Building Address:</th>
<th>Occupancy Type:</th>
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<tbody>
<tr>
<td></td>
<td>_____ Commercial _____ Residential</td>
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<tr>
<th>Zone:</th>
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### CERTIFICATE OF OCCUPANCY APPROVALS REQUIRED FOR BOTH RESIDENTIAL AND COMMERCIAL

1. **MOAB CITY ZONING DIRECTOR OR DESIGNEE:**
   - [ ] APPROVED  [ ] DENIED
   
   If denied, please list corrective actions:
   
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   
   [ ] CORRECTIVE ACTIONS COMPLETED

   ZONING APPROVAL

2. **MOAB CITY ENGINEER:**
   
   [ ] APPROVED  [ ] DENIED
   
   If denied, please list corrective actions:
   
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   
   [ ] CORRECTIVE ACTIONS COMPLETED

   ENGINEERING APPROVAL

3. **MOAB CITY PUBLIC WORKS DIRECTOR OR DESIGNEE:**
   
   [ ] APPROVED  [ ] DENIED
   
   If denied, please list corrective actions:
   
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   
   [ ] CORRECTIVE ACTIONS COMPLETED

   ENGINEERING APPROVAL
**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

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<table>
<thead>
<tr>
<th>Building Permit No.:</th>
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</table>

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

  If denied, please list corrective actions:

  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------

  ____ CORRECTIVE ACTIONS COMPLETED

<table>
<thead>
<tr>
<th>Waste Water Approval</th>
<th>Approval Date</th>
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<tbody>
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**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

<table>
<thead>
<tr>
<th>Moab Valley Fire Approval</th>
<th>Approval Date</th>
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<tbody>
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</tbody>
</table>

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

  If denied, please list corrective actions:

  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------
  -----------------------------------------------------

  ____ CORRECTIVE ACTIONS COMPLETED

<table>
<thead>
<tr>
<th>Southeast Utah Health Department Approval</th>
<th>Approval Date</th>
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<tbody>
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**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:

<table>
<thead>
<tr>
<th>Building Inspector Approval</th>
<th>Approval Date</th>
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<tbody>
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