

## 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](mailto: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

\_\_\_\_\_  
 ENGINEERING 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