

David L. Alvord, *Mayor*  
Mark Seethaler, *Council Member*  
Chuck Newton, *Council Member*  
Donald J. Shelton, *Council Member*  
Steve Barnes, *Council Member*  
Christopher J. Rogers, *Council Member*



PH: 801.254.3742 EMAIL: info@sjc.utah.gov FAX: 801.254.3393

November 5, 2014

Cynthia Ferkin  
[REDACTED]

Billings, Montana 59106

We have received your GRAMA Record Request dated October 31, 2014 requesting:

- Records pertaining to property located at 11649 S. Gold Dust Drive South Jordan, Utah 84095
  - Plat Map
  - Restrictions
  - Covenants
  - Boundaries
  - Set-backs
  - Permits for House or any Additions

**Approved- 26 pages of records**

Please submit payment of \$6.50 to:

South Jordan City  
Attn: Records Office  
1600 West Towne Center Dr.  
South Jordan, Utah 84095

Please let me know if you have any questions,

Sincerely,

Cindy Valdez  
Deputy Recorder, CMC  
801-254-3742 X-1279

Enclosures as noted above

CITY OF SOUTH JORDAN  
GRAMA Record Request  
Fax: 801-254-3393



The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges .25¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63G-2-203.

Requestor's Name: Cynthia Ferkin  
Address: [Redacted] City: Billings  
State: MT Zip: 59106 Daytime Phone: [Redacted] Fax: \_\_\_\_\_

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) specifically described as:  
Platt map - restrictions -  
covenants - boundaries - set backs - any  
force seizable changes to the surrounding areas.  
For property 11649 S. Gold Dust Dr.  
South Jordan, UT  
Copies of permits for house or any additions

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

I would like to view/inspect the record(s).  
 I would like to receive a copy of the record(s) described above. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize cost of up to \$\_\_\_\_\_. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.

[Signature] \_\_\_\_\_ Date 10/31/14

CITY'S RESPONSE TO RECORD REQUEST - FOR OFFICE USE ONLY

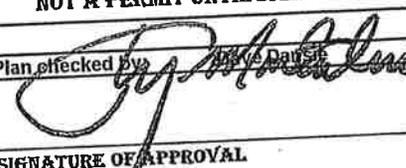
APPROVED - Requestor notified on November 5, 20 14  
 DENIED - Written denial sent on \_\_\_\_\_, 20 \_\_\_\_  
 Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on \_\_\_\_\_, 20 \_\_\_\_  
 Extension of time for extraordinary circumstances. Required notice sent \_\_\_\_\_, 20 \_\_\_\_

COPY FEES: \$ 6.50 If waived, approved by: \_\_\_\_\_  
[Signature] \_\_\_\_\_ Date 11-5-14

# SOUTH JORDAN CITY BUILDING PERMIT

254-1778

1600 W. TOWNE CENTER DRIVE

<b>DATE OF APPLICATION:</b> 2/9/2005	<b>VALUATION:</b> \$20,000.00	<b>PERMIT NUMBER:</b> 2005-BP-23175
<b>DATE ISSUED:</b>	<b>PERMIT AND RELATED FEES</b>	<b>RESIDENTIAL</b>
<b>BUILDING ADDRESS</b> 11649 South Gold Dust Drive (1995 W)	Building \$388.85	Dwelling Area
<b>SUBDIVISION &amp; LOT NUMBER</b>	Plumbing	Fin. Basement Area
<b>DETACHED GARAGE</b>	Electrical	Rgh. Basement Area
<b>OWNER OF PROPERTY</b>	Mechanical	Garage Area
Name: Gordon Larsen	Plan Review \$97.21	Carport Area
11649 S Gold Dust Dr	Sub Total \$486.06	Covered Patio Area
South Jordan, UT 84095	State Fee \$3.88	<b>COMMERCIAL</b>
<b>PHONE:</b>	Total Permit Fees \$489.94	Building Area
<b>ARCHITECT / DESIGNER</b>	Public Safety Fee	<b>ACCESSORY BUILDINGS</b>
Name: N/A	Road Facilities	Barn Area
<b>ENGINEER</b>	Storm Drainage	Garage Area 988
Name: N/A	Water - Culinary	Stor. Bldg. Area
<b>GENERAL CONTRACTOR</b>	Water - Secondary	Rec. Bldg. Area
Name Esprit Construction	Parks & Open Space	<b>CONSTRUCTION INFORMATION</b>
State License #: 247416	Construction Water	Type of Construction VB
Address & Phone #	Total Impact Fees \$0.00	Occupancy Group U
1474 S 700 W	Total Fees \$489.94	No. of Dwellings
Salt Lake City, UT 84104 567-7313	Less Deposits	Exterior Finish Frame
<b>ELECTRICAL CONTRACTOR</b>	<b>TOTAL FEES DUE:</b> \$489.94	Fire Sprinklers No
Name N/A	<b>NOT A PERMIT UNTIL SIGNED</b>	<b>ADDITIONAL REQUIREMENTS</b>
State License #:	Plan checked by 	Plan Review Deposit
Address & Phone #	<b>SIGNATURE OF APPROVAL</b>	<b>ADDITIONAL APPROVALS</b>
<b>PLUMBING CONTRACTOR</b>	Date:	Zone District
Name N/A	This permit becomes null and void if work or construction 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 the approved plans 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.	Census Tract
State License #:		Traffic Zone
Address & Phone #	 <b>AUTHORIZED SIGNATURE</b> <b>DATE:</b> 02-22-05	<b>COMMENTS:</b>
<b>MECHANICAL CONTRACTOR</b>		<b>PAID</b>
Name N/A		FEB 22 2005
State License #:		<b>SOUTH JORDAN CITY</b>
Address & Phone #		
<b>IMPORTANT NOTICE:</b> Many areas in South Jordan have ground water problems due to a seasonally high (fluctuating) water table. Issuance of this permit does not constitute representation by the city that building at any specified elevations will solve ground water problems. Solution of these problems is the sole responsibility of the permit applicant and property owner.		
<b>IMPORTANT NOTICE:</b> Due to the natural conditions and slope of the ground in most areas of South Jordan City, surface water may occasionally enter adjacent properties. Issuance of this permit does not constitute representation by the City that building at a specified elevation will solve surface water problems. Property owners are solely responsible for solving surface water problems.		

# BUILDING PERMIT APPLICATION

SOUTH JORDAN CITY

SOUTH JORDAN CITY

BECOMES PERMIT WHEN SIGNED

\*Date of Application: 02-10-05 Date Work Starts: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Permit Number \_\_\_\_\_

\*Proposed Use of Structure: Detached Garage

**BUILDING FEE SCHEDULE**  
 Square Ft. of Building: 988 Valuation: 20,000

\*Bldg. Address: 11649 So. Gold Dust Dr.

Building Fees	388	85
Plan Check Fees	97	21
Electrical Fees		
Plumbing Fees		
Mechanical Fees		
Subtotal	486	06

\*Address Certificate No. \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Carport sq. ft. \_\_\_\_\_  
 Garage sq. ft. \_\_\_\_\_

\*Lot # \_\_\_\_\_ \*Block \_\_\_\_\_ \*Subd. Name & Number \_\_\_\_\_

Type of Bldg. \_\_\_\_\_ Occ. Group \_\_\_\_\_

\*Property Location: 11649 So. 2240 W  \*If metes and bounds see instructions

No. of Bldgs. \_\_\_\_\_ R. Value Walls \_\_\_\_\_ Roof \_\_\_\_\_

\*Total Property Area - In Acres or Sq. Ft. \_\_\_\_\_ Total Bldg. Site Area Used \_\_\_\_\_

No. of Stories \_\_\_\_\_

\*Owner of Property: Gordon Larsen Phone \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

\*Mailing Address: 11649 So. Gold Dust Dr. City - Zip \_\_\_\_\_

No. of Dwellings \_\_\_\_\_

\*Business Name Address: \_\_\_\_\_ Business Lic. No. \_\_\_\_\_

Type of Construction:  Frame  Brick Var.  Brick  Block  Concrete  Steel

\*Architect or Engineer: \_\_\_\_\_ Phone \_\_\_\_\_

Max. Occ. Load \_\_\_\_\_

\*General Contractor: Esport Const Phone: 557-7313

Fire Sprinkler  Yes  No

\*Business Address - City - Zip: 1474 So. 2000 SLL \*State Lic. No. 24741L \*City/Co. Lic. No. \_\_\_\_\_

Special Approvals: \_\_\_\_\_

\*Electrical Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Board of Adjustment \_\_\_\_\_

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

Health Dept. \_\_\_\_\_

\*Plumbing Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Fire Dept. \_\_\_\_\_

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

Soil Report \_\_\_\_\_

\*Mechanical Contractor: \_\_\_\_\_ Phone \_\_\_\_\_

Water or Well Permit \_\_\_\_\_

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

Traffic Engineer \_\_\_\_\_

\*Previous Usage of Land or Structure (Past 3 yrs.): \_\_\_\_\_

Flood Control \_\_\_\_\_

\*Dwell. Units Now on Lot \_\_\_\_\_ \*Assessory Bldgs. Now on Lot \_\_\_\_\_

Sewer or Septic Tank \_\_\_\_\_

\*Type of Improvement/Kind of Const.:

City Engineer (off site) \_\_\_\_\_

Sign  Build  Remodel  Addition  
 Repair  Move  Convert Use  Demolish

Gas \_\_\_\_\_

\*No. of offstreet parking spaces: \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered \_\_\_\_\_

Comments: \_\_\_\_\_

SUB-CHECK Zone: R-1-8 Zone Approved By: [Signature]

Land Use Cert. \_\_\_\_\_

Disapproved \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ Sub-Ck. By \_\_\_\_\_ Plot Plan \_\_\_\_\_

Electrical Dept. \_\_\_\_\_

Minimum Setbacks: \_\_\_\_\_

HiBack C.G. & S. \_\_\_\_\_

Front \_\_\_\_\_ Side \_\_\_\_\_

Other \_\_\_\_\_

Indicate Street if Corner Lot \_\_\_\_\_

Bond Required  Yes  No Amount \_\_\_\_\_

Indicate North \_\_\_\_\_

Plan Chk. OK by \_\_\_\_\_ Date 2-11-05 By [Signature] Date \_\_\_\_\_

FEB 09 2005

## RECEIVED

SOUTH JORDAN CITY Building Division

Reviewed for Code Compliance

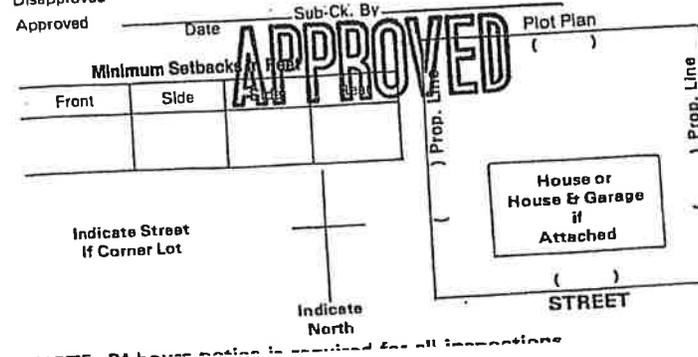
Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

Signature of Contractor or Authorized Agent \_\_\_\_\_ Date 02-10-05

Signature of Owner (if owner) \_\_\_\_\_ (Date) \_\_\_\_\_

Census Tract \_\_\_\_\_ Traffic Zone \_\_\_\_\_ Coordinate Ident. No. \_\_\_\_\_

New S.L.U. Code No. \_\_\_\_\_ Old S.L.U. Code No. \_\_\_\_\_



**INSPECTION REPORT**  
**South Jordan City Building Department**  
 1600 W. Towne Center Dr. / South Jordan, Utah 84095 / 254-3742

Subdivision: DETACHED GARAGE  
 Address: 11649 South Gold Dust Drive (1995 W)  
 Permit #: 2005-BP-23175 Contractor: Esprit Construction

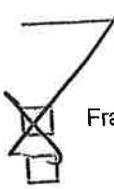
Lot #:

Date: 4/18/2005

Time: 10:15

Time Requested: 10:00:00 AM

Unable to Complete Inspection: \_\_\_\_\_



Framing

Type of Inspections

Passed Inspection if  in box.  
 Reinspection required if  in box.

Corrections Required

① Plans show hold downs @ West wall door openings 1 on each side - Please address - & retro fit

② Address rear door - does it require hold downs & well.

③ Strap w 8 nails per side of Fix to King studs From Lvl beam above each door way to tie in header above.

If you have any questions call office and ask to speak to Dennis Beck

Thank you

*Dennis Beck*

Inspector:

Reinspection Fee Required (\$21.00)

Comments

Reinspection Fee Due:



✓

**INSPECTION REPORT**  
**South Jordan City Building Department**  
1600 W. Towne Center Dr. / South Jordan, Utah 84095 / 254-3742

Subdivision: **DETACHED GARAGE**  
Address: **11649 South Gold Dust Drive (1995 W)**  
Permit #: **2005-BP-23175**      Contractor: **Esprit Construction**

Lot #:

Date: **5/19/2005**

Time: **2:50**

Time Requested: **4:00:00 PM**

*[Handwritten signature]*

Unable to Complete Inspection: \_\_\_\_\_

Type of Inspections

Final Building

Re-Frame

Passed Inspection if  in box.

Reinspection required if  in box.

Corrections Required

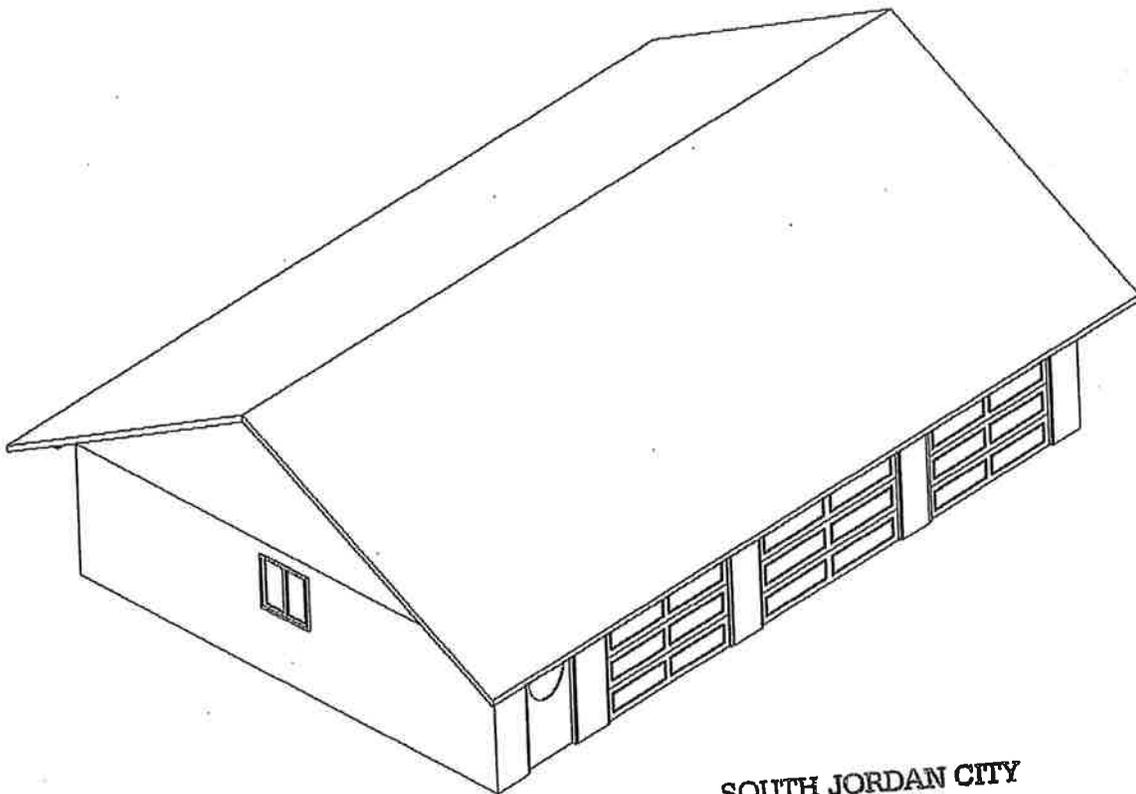
Reinspection Fee Required (\$21.00)

Inspector: *[Handwritten Signature]*

Comments  
*still need to address tie down at  
Back wall No need for reinspection*

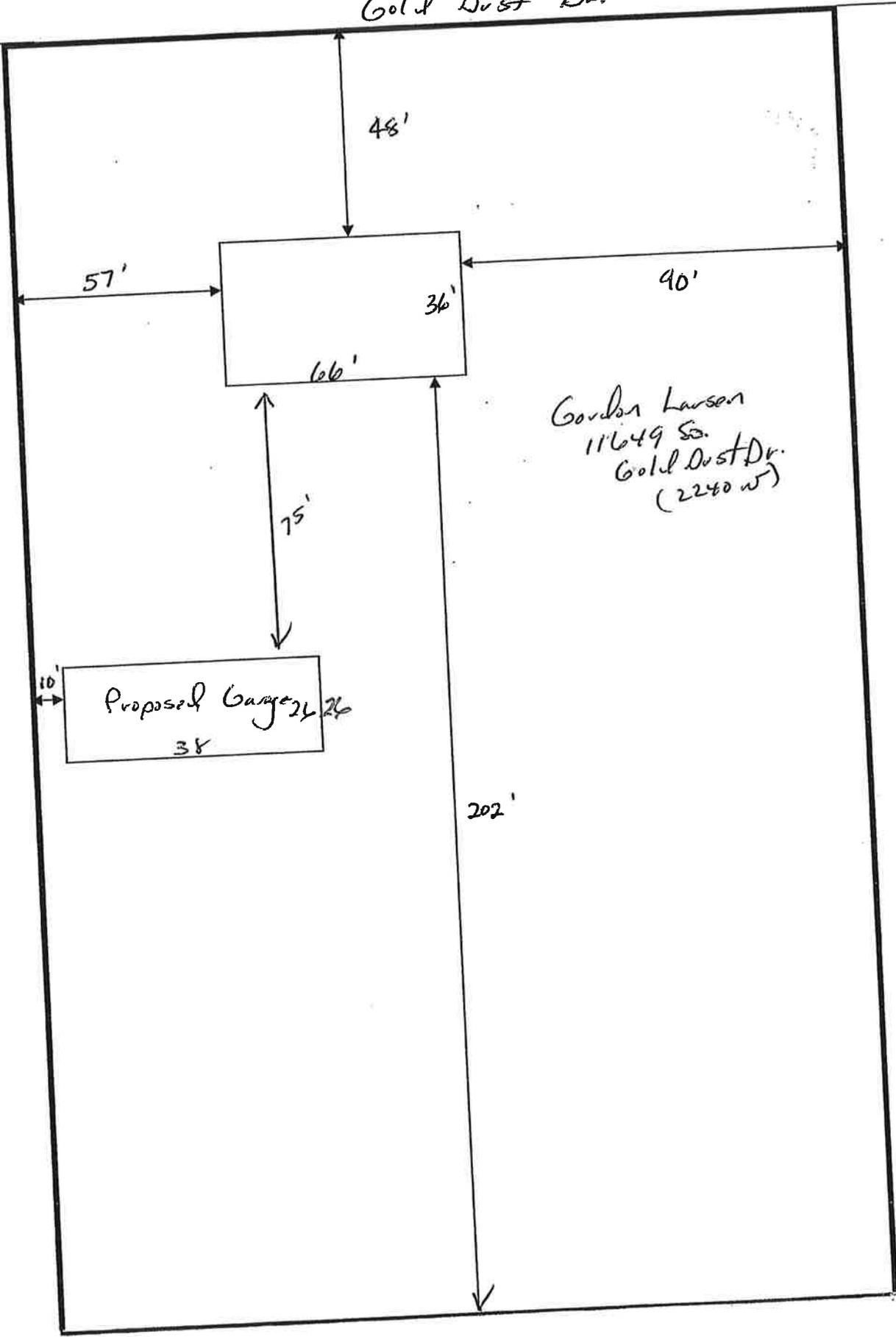
*Boyd Heating 330-2857*

Reinspection Fee Due:



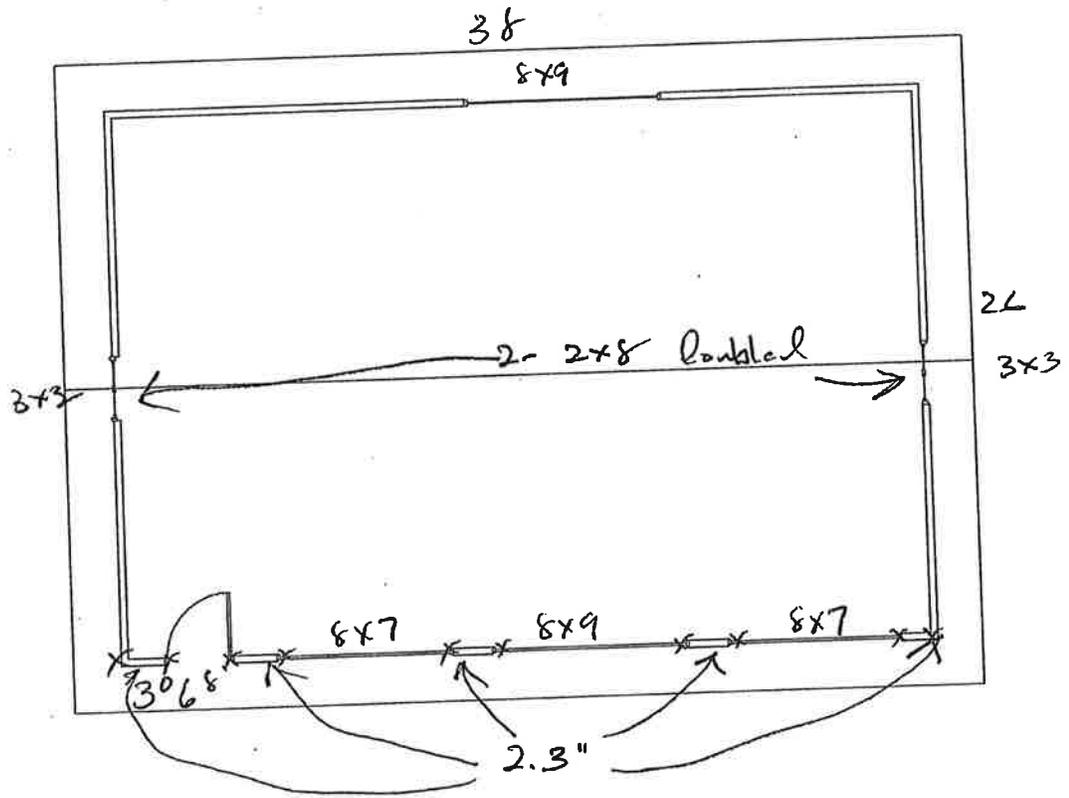
SOUTH JORDAN CITY  
Building Division  
Reviewed for Code Compliance  
Date 2-14 By DWD

Gold Dust Dr.



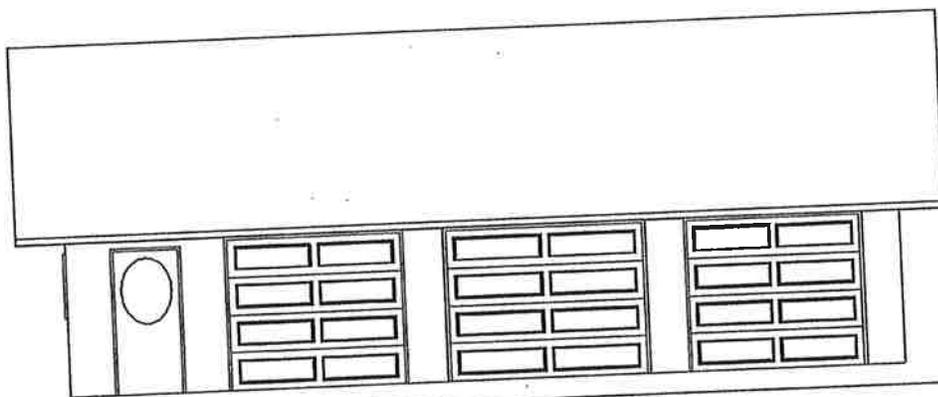
Gordon Larson  
11649 So.  
Gold Dust Dr.  
(2240 W)

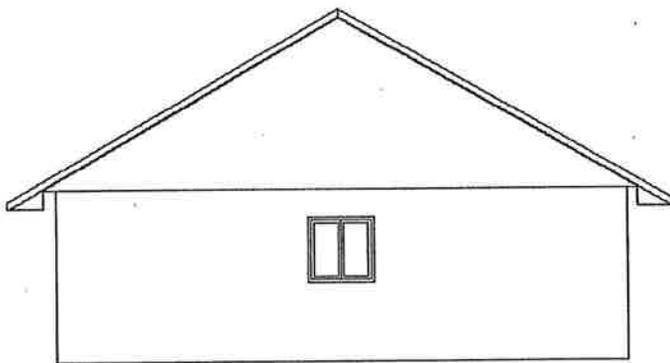
202'

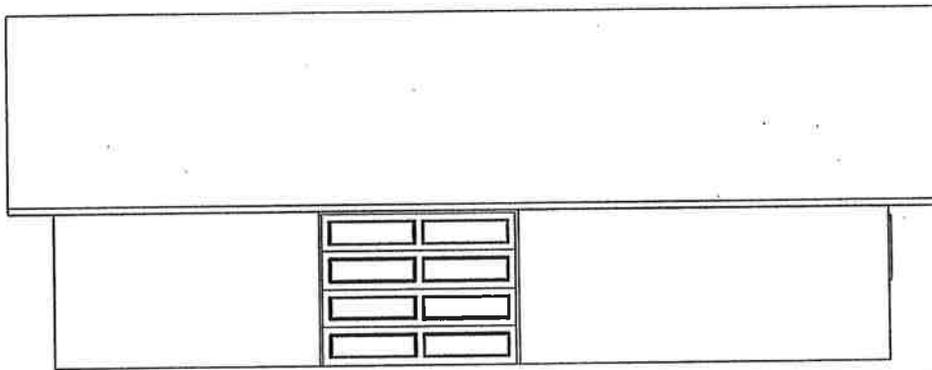


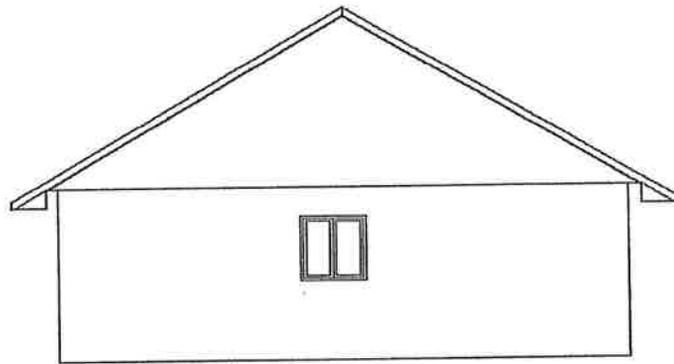
Holdowns  
 on both sides  
 of each vertical  
 x













# SOUTH JORDAN CITY COMPLIANCE INSPECTION REPORT

Property Address 11649 So. 150th Dust Dr., Lot 53 Bonanza 3 Date 10-22-86

Builder or Owner (name & address) \_\_\_\_\_ Time \_\_\_\_\_

Permit No. 10942

TYPE OF INSPECTION Final

- Unable to make inspection     
  Cannot locate property     
  Admittance refused.  
 House locked     
  Approved plans not available

### BASIC REFERRAL CHECK LIST

- |   |  |   |   |  |
|---|--|---|---|--|
| <input checked="" type="checkbox"/> BUILDING<br><input type="checkbox"/> A. FORMS<br>1 Zoning<br>2 Footings<br>3 Steel<br>4 Exiting | <input type="checkbox"/> B. FRAMING<br>1 Structural<br>2 Fire Req<br>3 Weather protection<br>4 Light & ventilation | <input checked="" type="checkbox"/> ELECTRICAL<br>1 Service<br>2 Grounding<br>3 Boxes and Fill<br>4 Wiring Size | <input type="checkbox"/> PLUMBING<br>1 Venting<br>2 Drainage and Grading<br>3 Indirect Waste<br>4 Traps | <input checked="" type="checkbox"/> HEATING<br>1 Venting<br>2 Spacing & Service<br>3 Duct Sizing<br>4 Combustion Air |
|---|--|---|---|--|

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1 Correction required by previous inspection acceptably completed.<br><input type="checkbox"/> 2 Off-Site Improvements<br>A. Acceptably complete<br>B. Completion assured by bond<br>C. Not complete<br><input type="checkbox"/> 3 On-Site improvements acceptably completed<br><input type="checkbox"/> 4 On-Site improvements acceptably completed except items listed below, completion of which is delayed by conditions beyond control<br><input type="checkbox"/> 5 <input type="checkbox"/> Individual Water supply system<br><input type="checkbox"/> Individual Sewage disposal system<br>A. No noncompliance<br>B. Needs health department approval for acceptance<br>C. Correction essential as explained below<br><input type="checkbox"/> 6. <input type="checkbox"/> No noncompliance observed<br><input checked="" type="checkbox"/> Building habitable, but completion of certain improvements will be delayed by conditions beyond control | <input type="checkbox"/> 7. Inspection by Chief Electrical inspector required<br><input type="checkbox"/> 8. Inspection by Chief Plumbing inspector required<br><input type="checkbox"/> 9. Inspection by Chief Building inspector required<br><input type="checkbox"/> 10. Inspection by Chief Mechanical inspector required<br><input type="checkbox"/> 11. Conditional Use<br>A. No noncompliance<br>B. Variance from approved plans<br>C. Noncompliance<br><input type="checkbox"/> 12. Correction essential as explained below<br>A. Variations from approved plans<br>B. Noncompliance, builder will comply without delay<br>C. Noncompliance, correction improbable |
|---|--|

EXPLANATION OF STATEMENTS CHECKED:

Clearance WPL 10-22-86 PC

- Above items will be inspected at next regular inspection.  
 Reinspection required  
 Reinspection fee required

CERTIFICATION: I certify that I have carefully inspected this property on this date, and that I have reported all noncompliance, work requiring correction and unacceptable work.

Signed \_\_\_\_\_

**South Jordan City Building Inspector**

# SOUTH JORDAN CITY COMPLIANCE INSPECTION REPORT

Property Address 11649 S. Bold Dist Dr, Lot 53 BANAZZA 3 Date 10-17-86

Builder or Owner (name & address) \_\_\_\_\_ Time \_\_\_\_\_

Permit No. 10942

TYPE OF INSPECTION

*Final*

- Unable to make inspection     
  Cannot locate property     
  Admittance refused  
 House locked     
  Approved plans not available

### BASIC REFERRAL CHECK LIST

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> BUILDING<br><input type="checkbox"/> A. FORMS<br><input type="checkbox"/> 1. Zoning<br><input type="checkbox"/> 2. Footings<br><input type="checkbox"/> 3. Steel<br><input type="checkbox"/> 4. Exiting<br><input type="checkbox"/> B. FRAMING<br><input type="checkbox"/> 1. Structural<br><input type="checkbox"/> 2. Fire Req<br><input type="checkbox"/> 3. Weather protection<br><input type="checkbox"/> 4. Light & ventilation | <input type="checkbox"/> ELECTRICAL<br><input type="checkbox"/> 1. Service<br><input type="checkbox"/> 2. Grounding<br><input type="checkbox"/> 3. Boxes and Fill<br><input type="checkbox"/> 4. Wiring Size | <input type="checkbox"/> PLUMBING<br><input type="checkbox"/> 1. Venting<br><input type="checkbox"/> 2. Drainage and Grading<br><input type="checkbox"/> 3. Indirect Waste<br><input type="checkbox"/> 4. Traps | <input type="checkbox"/> HEATING<br><input type="checkbox"/> 1. Venting<br><input type="checkbox"/> 2. Spacing & Service<br><input type="checkbox"/> 3. Duct - Sizing<br><input type="checkbox"/> 4. Combustion Air |
|--|--|---|---|

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Correction required by previous inspection acceptably completed.<br><input type="checkbox"/> 2. Off-Site Improvements<br><input type="checkbox"/> A. Acceptably complete<br><input type="checkbox"/> B. Completion assured by bond<br><input type="checkbox"/> C. Not complete<br><input type="checkbox"/> 3. On-Site improvements acceptably completed<br><input type="checkbox"/> 4. On-Site improvements acceptably completed except items listed below, completion of which is delayed by conditions beyond control<br><input type="checkbox"/> 5. <input type="checkbox"/> Individual Water supply system<br><input type="checkbox"/> Individual Sewage disposal system<br><input type="checkbox"/> A. No noncompliance<br><input type="checkbox"/> B. Needs health department approval for acceptance<br><input type="checkbox"/> C. Correction essential as explained below<br><input type="checkbox"/> 6. <input type="checkbox"/> No noncompliance observed<br><input type="checkbox"/> Building habitable, but completion of certain improvements will be delayed by conditions beyond control | <input type="checkbox"/> 7. Inspection by Chief Electrical inspector required<br><input type="checkbox"/> 8. Inspection by Chief Plumbing inspector required<br><input type="checkbox"/> 9. Inspection by Chief Building inspector required<br><input type="checkbox"/> 10. Inspection by Chief Mechanical inspector required<br><input type="checkbox"/> 11. Conditional Use<br><input type="checkbox"/> A. No noncompliance<br><input type="checkbox"/> B. Variance from approved plans<br><input type="checkbox"/> C. Noncompliance<br><input checked="" type="checkbox"/> 12. Correction essential as explained below<br><input type="checkbox"/> A. Variations from approved plans<br><input checked="" type="checkbox"/> B. Noncompliance, builder will comply without delay<br><input type="checkbox"/> C. Noncompliance, correction improbable |
|--|--|

EXPLANATION OF STATEMENTS CHECKED:

*Finish floors and mouldings.*

*Finish skylight.*

*Place 5/8 sheetrock on underside of stairs.*

*cap plumber vent in basement.*

*secure fixtures to posts on all yard lights and bury cables.*

- Above items will be inspected at next regular inspection  
 Reinspection required  
 Reinspection fee required

CERTIFICATION: I certify that I have carefully inspected this property on this date, and that I have reported all noncompliance, work requiring correction and unacceptable work.

Signed \_\_\_\_\_  
South Jordan City Building Inspector

# SOUTH JORDAN CITY COMPLIANCE INSPECTION REPORT

Property Address 11649 S. Cold Dust Drive, Lot 53 Bonanza 3 Date 8-22-86

Builder or Owner (name & address) \_\_\_\_\_ Time \_\_\_\_\_

Permit No. 10742

TYPE OF INSPECTION

Frame, Rough elect., mech. & plumb.

- Unable to make inspection     
  Cannot locate property     
  Admittance refused  
 House locked     
  Approved plans not available

### BASIC REFERRAL CHECK LIST

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> A FORMS<br><input type="checkbox"/> 1 Zoning<br><input type="checkbox"/> 2 Footings<br><input type="checkbox"/> 3 Steel<br><input type="checkbox"/> 4 Exiting | <input type="checkbox"/> BUILDING<br><input type="checkbox"/> B FRAMING<br><input type="checkbox"/> 1 Structural<br><input type="checkbox"/> 2 Fire Req<br><input type="checkbox"/> 3 Weather protection<br><input type="checkbox"/> 4 Light & ventilation | <input type="checkbox"/> ELECTRICAL<br><input type="checkbox"/> 1. Service<br><input type="checkbox"/> 2. Grounding<br><input type="checkbox"/> 3. Boxes and Fill<br><input type="checkbox"/> 4. Wiring Size | <input type="checkbox"/> PLUMBING<br><input type="checkbox"/> 1 Venting<br><input type="checkbox"/> 2 Drainage and Grading<br><input type="checkbox"/> 3 Indirect Waste<br><input type="checkbox"/> 4 Traps | <input type="checkbox"/> HEATING<br><input type="checkbox"/> 1 Venting<br><input type="checkbox"/> 2 Spacing & Service<br><input type="checkbox"/> 3 Duct Sizing<br><input type="checkbox"/> 4 Combustion Air |
|--|--|--|---|---|

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Correction required by previous inspection acceptably completed.<br><input type="checkbox"/> 2 Off-Site Improvements<br><input type="checkbox"/> A. Acceptably complete<br><input type="checkbox"/> B. Completion assured by bond<br><input type="checkbox"/> C. Not complete<br><input type="checkbox"/> 3. On-Site improvements acceptably completed<br><input type="checkbox"/> 4. On-Site improvements acceptably completed except items listed below, completion of which is delayed by conditions beyond control<br><input type="checkbox"/> 5 <input type="checkbox"/> Individual Water supply system<br><input type="checkbox"/> Individual Sewage disposal system<br><input type="checkbox"/> A. No noncompliance<br><input type="checkbox"/> B. Needs health department approval for acceptance<br><input type="checkbox"/> C. Correction essential as explained below.<br><input checked="" type="checkbox"/> 6. <input type="checkbox"/> No noncompliance observed<br><input type="checkbox"/> Building habitable, but completion of certain improvements will be delayed by conditions beyond control | <input type="checkbox"/> 7 Inspection by Chief Electrical inspector required<br><input type="checkbox"/> 8 Inspection by Chief Plumbing inspector required<br><input type="checkbox"/> 9 Inspection by Chief Building inspector required<br><input type="checkbox"/> 10 Inspection by Chief Mechanical inspector required<br><input type="checkbox"/> 11 Conditional Use<br><input type="checkbox"/> A. No noncompliance<br><input type="checkbox"/> B. Variance from approved plans<br><input type="checkbox"/> C. Noncompliance<br><input checked="" type="checkbox"/> 12 Correction essential as explained below<br><input type="checkbox"/> A. Variations from approved plans<br><input checked="" type="checkbox"/> B. Noncompliance, builder will comply without delay.<br><input type="checkbox"/> C. Noncompliance, correction improbable |
|---|---|

*Frame*

EXPLANATION OF STATEMENTS CHECKED:

Bedroom window opening height.

- Above items will be inspected at next regular inspection  
 Reinspection required  
 Reinspection fee required

CERTIFICATION: I certify that I have carefully inspected this property on this date, and that I have reported all noncompliance, work requiring correction and unacceptable work.

Signed \_\_\_\_\_

South Jordan City Building Inspector







WHEN APPLICABLE, THE FOLLOWING FEES SHALL BE PAID TO THE CITY OF SOUTH JORDAN PRIOR TO THE ISSUANCE OF A BUILDING PERMIT.

30-103452000	ROAD AND BRIDGE CONSTRUCTION	325.00
32-103454000	FIRE	50.00
29-103456000	PARKS IMPROVEMENT	325.00
33-103457000	WATER STORAGE	200.00
33-513710000	CONSTRUCTION WATER	51.00
33-513720000	WATER CONNECTION (3/4 inch)	Pre-Paid
33-513720000	WATER CONNECTION (1 inch)	N/A
33-103459000	FIRE HYDRANT	N/A
33-103458000	FLOOD CONTROL	2,412.00
9-103220000	BUILDING PERMIT	580.69
	TOTAL	3,943.69

NAME (David Pilcher-Owner) Jeff Park Const. DATE 6-16-86  
BUILDING ADDRESS 11649 S. Gold Dust Drive  
LOT NO. 53 SUBDIVISION Bonanza #3 PERMIT# 86BP10942

SOUTH JORDAN CITY

JUN 16 1986

PAID

# **EXPIRED PERMIT**

**PERMIT NUMBER:** 39348

**CONTRACTOR:** AUTUMN RIDGE DEVELOPMENT

**ADDRESS:** 11649 S. GOLD DUST DRIVE

**DESCRIPTION:** EXTERIOR REMODEL

**LAST INSPECTION DATE:** NO INSPECTIONS  
HAVE BEEN DONE AT THE LOCATION.

**DATE:** 12/10/12

**THIS PERMIT HAS EXPIRED, AND IS  
CONSIDERED ABANDONED. IT HAS  
NEVER PASSED A FINAL INSPECTION,  
AND IT IS IN VIOLATION.**



City of South Jordan

Building Division

1600 W Towne Center Drive
South Jordan, UT 84065
801-254-3742
http://www.southjordancity.org

S0J091117005

Permit # 39348
Project # 2009-12509
Permit Cat. Building Permit
Permit Type Residential Add/Alter
Issue Date 11/17/2009

Construction Permit

Address Full Street Name 11649 GOLD DUST DR S, Apt. (1995 W)
Assessor's Parcel No. 2722352004
Tract Parcel Map Number
Lot Number

Description of work.

EXTERIOR REMODEL

Building Value \$26,000.00
Occupancy SF Residential
Construction Type V B
Units
Sprinkler False
Square Foot
Garage Sq. Ft.

Table with 4 columns: Current Owners, Full Street Name, Telephone, Email. Rows for GORDON LARSEN and JENNIFER LARSEN.

Table with 4 columns: Contractor, Full Street Name, Telephone, Email. Row for \* AUTUMN RIDGE DEVELOPMENT.

Table with 4 columns: Applicant, Full Street Name, Telephone, Email. Row for \* AUTUMN RIDGE DEVELOPMENT.

Fees

Table with 7 columns: Fee Group, Fee Type Desc, Unit Cost, Quantity, Fee Amount, Payment Amount, Balance. Includes Residential Add/Alter fees.

Receipt Summary

Table with 7 columns: Receipt ID, Payment, Type, Paid By, LOGINID, Date Time. Shows three receipt entries.

BUILDING PERMIT APPLICATION  
BECOMES PERMIT WHEN SIGNED

Plan # 5285

SOUTH JORDAN CITY

Date of Application 11-9-09	Date Work Starts 11-16-09	Receipt No. 12509	Date Issued	Permit Number
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Proposed Use of Structure  
Re FACE FRONT OF HOME

Bldg. Address  
11649 GOLD DUST DRIVE SLUT 84095

Address Certificate No.

Assessors Parcel No.  
2722352004

Property Location  
11649 Gold Dust Drive

Total Property Area - In Acres or Sq. Ft.

Total Bldg. Site Area Used

Owner of Property  
GORDON LARSEN 801-446-9975

Mailing Address  
11649 Gold Dust Drive SL 84095

Business Name Address  
Autumn Ridge Development 801-230-3162

Architect or Engineer  
none

General Contractor  
Autumn Ridge Development 801-230-3162

Business Address - City - Zip  
State Lic. No. 6417451-5501 City/Co. Lic. No.

Electrical Contractor  
Lightning Electric 801-755-2932

Business Address - City - Zip  
119185 3770 W Buxton 84065 State Lic. No. 252267-5501 City/Co. Lic. No. 23013

Plumbing Contractor  
N/A

Business Address - City - Zip  
State Lic. No. City/Co. Lic. No.

Mechanical Contractor  
N/A

Business Address - City - Zip  
State Lic. No. City/Co. Lic. No.

Previous Usage of Land or Structure (Past 3 yrs.)

Dwell. Units Now on Lot

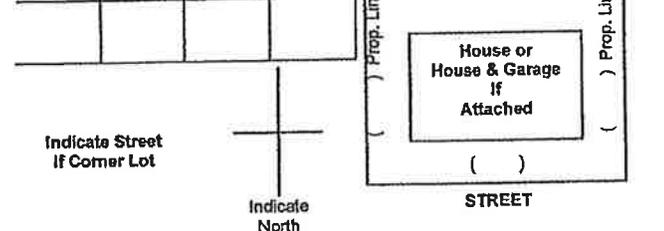
Assessory Bldgs. Now on Lot

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

No. of off-street parking spaces:  
 Covered \_\_\_\_\_ Uncovered \_\_\_\_\_

Disapproved \_\_\_\_\_ Approved \_\_\_\_\_

Date \_\_\_\_\_ Sub-Ck. By \_\_\_\_\_



Note: 24 Hours notice is required for all inspections

BUILDING FEE SCHEDULE

Square Ft. of Building	Valuation
<input type="checkbox"/> Rough Basement	26,000 <sup>00</sup>
<input type="checkbox"/> Finish Basement	
Carport sq. ft.	Building Fees
Garage sq. ft.	Plan Check Fees
Type of Bldg.	Electrical Fees
Occ. Group	Plumbing Fees
No. of Bldgs.	Mechanical Fees
R. Value Walls	Subtotal
R. Value Roof	Water
No. of Stories	Sewer
No. of Bedrooms	Storm Sewer
No. of Dwellings	Moving or Demo.
Type of Construction	Temporary Conn.
<input checked="" type="checkbox"/> Frame <input type="checkbox"/> Brick Var.	Re-inspection
<input type="checkbox"/> Brick <input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Steel	State Fee
Max. Occ. Load	Total
Fire Sprinkler <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100.62

Special Approvals	Required	Received	Approved
Board of Adjustment			
Health Dept.			
Fire Dept.			
Soil Report			
Water or Well Permit			
Traffic Engineer			
Flood Control			
Sewer or Septic Tank			
City Engineer (off site)			
Gas			

Comments: Exterior Remodel - adding stone & New Columns - Remove deck & change door to Windows Framing & Final ins, antioies

NOV 10 2009

Bond Required  Yes  No Amount

This application does not become a permit until signed below.

Plan Chk. OK by \_\_\_\_\_ Date 11/13/2009

Signature of Approval \_\_\_\_\_

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 anytime 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 \_\_\_\_\_ Date 11-7-09

Signature of Owner (if Owner) \_\_\_\_\_ Date

PLANNING DEPT. USE

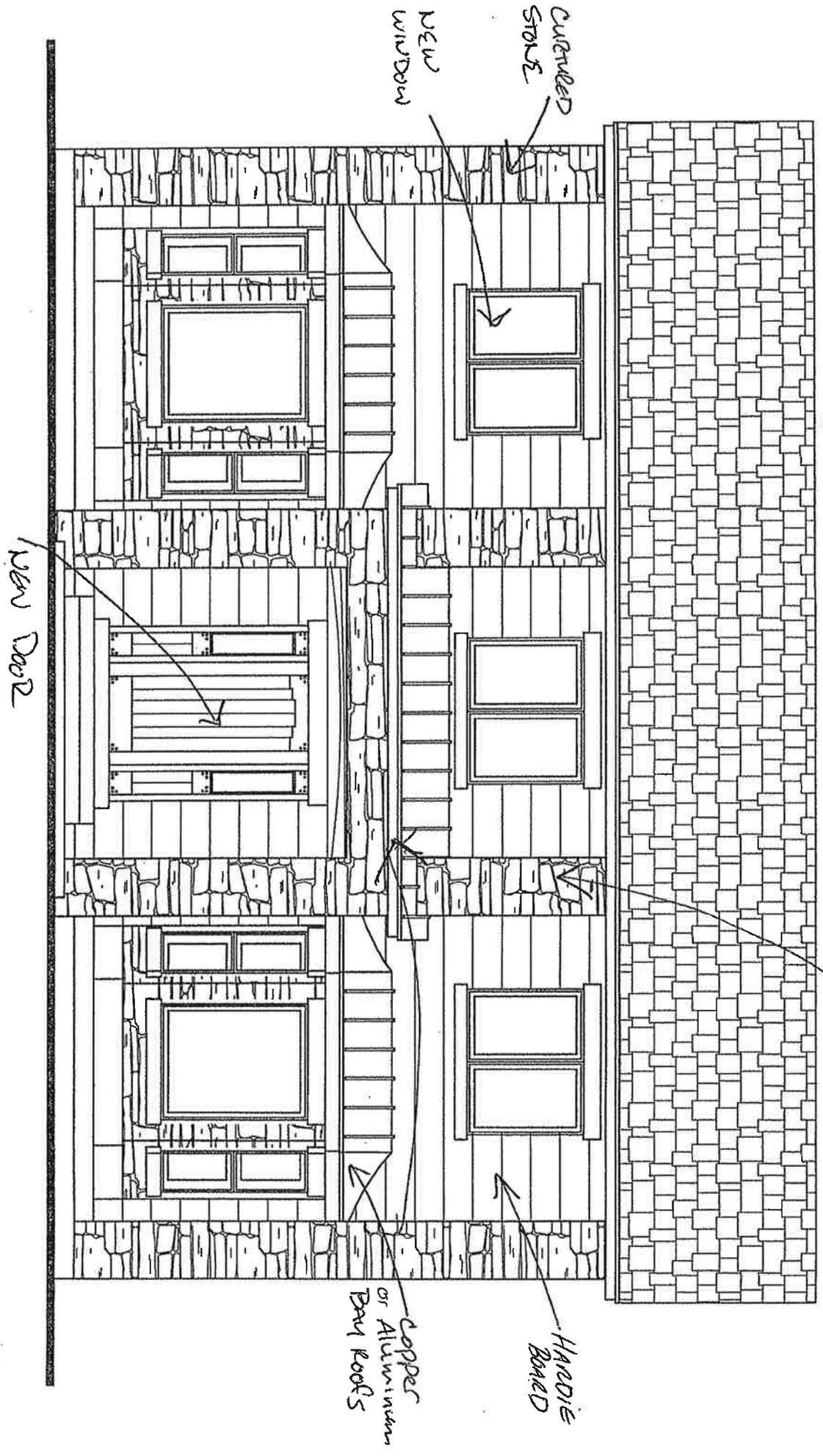
Census Tract	Traffic Zone	Coordinate Ident. No.
New S.L.U. Code No.	Old S.L.U. Code No.	

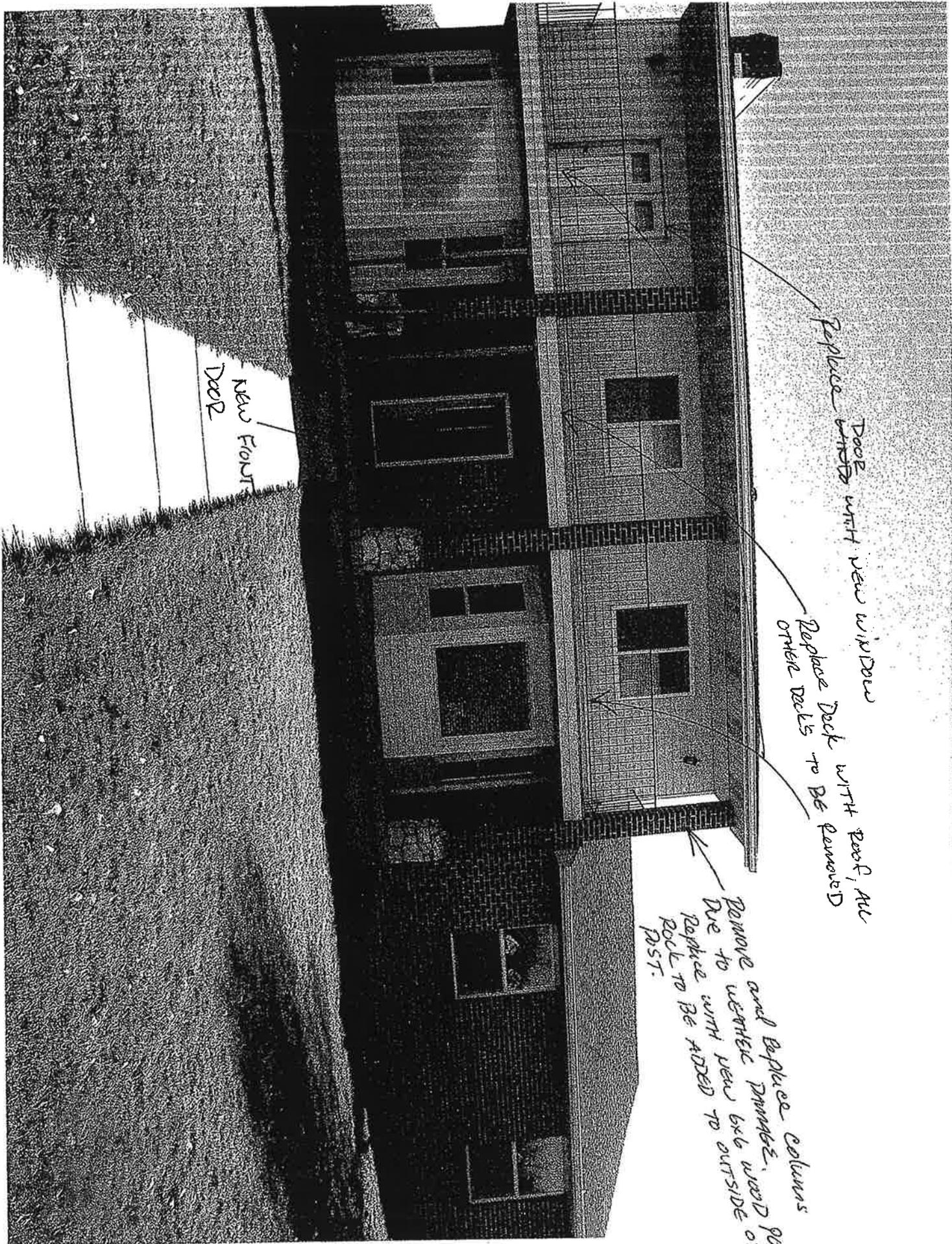
Certificate of Occupancy

SOUTH JORDAN CITY  
Building Division  
Reviewed for Code Compliance  
Date: 11/17/2011  
[Signature]

CITY COPY

NEW WOOD POSTS  
TO BE INSTALLED





NEW FRONT DOOR

Replace ~~with~~ with new window

Replace Deck with roof, All other Decks to be removed

Remove and replace columns  
Due to weather damage, wood of  
Porch to be added to outside of  
post.