

APPLICATION DATE: _____
EXPIRATION DATE: _____

PERMIT NUMBER _____

CITY OF WILLARD

Mechanical, Electrical and Plumbing Permit

Property Information

Address: _____ Subdivision: _____
Lot #: _____ Zoning: _____ Parcel ID: _____ Section/Township/Range: _____

Applicant and Contractor Information

Owner: _____ Phone: _____
Address (city, state, zip): _____ Email: _____
Contractor: _____ Phone: _____
Address (city, state, zip): _____ Email: _____

Plumbing Improvements

Water Meter Size(s): _____
Tap Size: _____
Back-Flow Device: Yes No
of Sewer Taps: _____
of Floor Drains: _____
Sewer Lateral Repair: Yes No

Mechanical Improvements

Old Heat Type: _____
Replacement: Furnace A/C Boiler
New Heat Type: _____

Electrical Improvements

Current Amp Size: _____
Proposed Amp Size: _____
Audio, Visual System: Yes No
Solar Panel Install: Yes No
System Size: _____

Additional Improvement Detail

Location: Residential Commercial
Features included: Electric Plumbing Mechanical
Type of enclosure around pool: _____
Is property located in 100-year floodplain?
Yes No
Total Cost of Project: \$ _____

Required Documentation and Licensing

Sketch Plan, to-scale
Business License for Contractor, if applicable. License

Brief description of work: _____

I hereby certify that the information provided on this application is true and correct; that I have read and understand the procedures, ordinances, and requirements associated with the application and review process. I also understand that this application will expire within 180 days of the date of my signing, unless extended by the building inspector pursuant to a written request for extension received prior to the expiration date. Furthermore, I acknowledge that I will be responsible for any, and all costs incurred by plan reviews performed by consultants of the city, certified mailing or publication costs for required legal notice, and recording fees. These costs may be paid by the city and reimbursed by the applicant upon invoicing.

Owner/Contractor: _____ Date: _____