

 PERMIT NUMBER_____

 APPLICATION DATE:

 EXPIRATION DATE:

CITY OF WILLARD Residential Building Permit

Property Information

Contact Person: Phone: Address (city, state, zip): Email: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Bailding Information Phone: Main level sq. ft Back flow device Finished basement Sewer Lateral Repair Solar Install Solar Install Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Number of Units Other Other Other Other Solar Install Solar proximate	Address: _			Subdivision:			
Property Setbacks: Front Back Left Right IFPROPERTY IS NOT LOCATED IN A SUBDIVISION, THE LEGAL DESCRIPTION MUST BE ATTACHED Applicant and Contractor Information Owner:	Lot #:	Zoning:	Parcel ID:	Section/Township/Range:			
Owner:	Property Easements: Front			Back Back A subdivision, th			
Address (city, state, zip):	Applicar	nt and Cont	ractor Informat	tion			
Address (city, state, zip):	Owner:				Phone:		
Email:							
General Contractor:							
Contact Person: Phone: Address (city, state, zip): Email: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Bailding Information Phone: Main level sq. ft Back flow device Finished basement Sewer Lateral Repair Solar Install Solar Install Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Number of Units Other Other Other Other Solar Install Solar proximate	ALI	. CONTRACTOR	RS MUST OBTAIN A W	/ILLARD CITY BUS	INESS LICENSE I	PRIOR TO COMMENCING WORK.	
Contact Person: Phone: Address (city, state, zip): Email: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Bailding Information Phone: Main level sq. ft Back flow device Finished basement Sewer Lateral Repair Solar Install Solar Install Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Number of Units Other Other Other Other Solar Install Solar proximate	General C	ontractor:				Business License #:	
Address (city, state, zip): Email: Electrical Contractor: Business License #: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Business License #: Contact Person: Phone: Address (city, state, zip): Email: Mechanical Contractor: Phone: Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Business License #: Contact Person: Phone: Address (city, state, zip): Email: Building Information Plumbing Main level sq. ft Back flow device Finished basement Sewer Lateral Repair Solar Install Solar Install Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Other Other Other Site Plan o Site Plan o Approximate Cost							
Contact Person: Phone:							
Contact Person: Phone:	Electrical	Contractor:				Business License ⊭:	
Address (city, state, zip):							
Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Business License #: Contact Person: Phone: Contact Person: Phone: Address (city, state, zip): Email: Address (city, state, zip): Email: Building Information Plumbing Main level sq. ft Water Meter Size 2nd level sq. ft Back flow device Finished basement Sewer Lateral Repair Unfinished basement Sewer Lateral Repair Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Electric Service Size Other Number of Units Other							
Contact Person: Phone: Address (city, state, zip): Email: Plumbing Contractor: Business License #: Contact Person: Phone: Contact Person: Phone: Address (city, state, zip): Email: Address (city, state, zip): Email: Building Information Plumbing Main level sq. ft Water Meter Size 2nd level sq. ft Back flow device Finished basement Sewer Lateral Repair Unfinished basement Sewer Lateral Repair Garage/carport Mater Heater Covered patio/porch Furnace Remodel Water Heater Electric Service Size Other Number of Units Other	Mechanic	al Contractor				Business License ⊭:	
Address (city, state, zip):							
Contact Person: Phone: Address (city, state, zip): Email: Building Information Plumbing Main level sq. ft. Water Meter Size 2nd level sq. ft Back flow device Finished basement Back flow device Unfinished basement Sewer Lateral Repair Garage/carport Mechanical Covered patio/porch Furnace Remodel Water Heater Electric< Size							
Contact Person: Phone: Address (city, state, zip): Email: Building Information Plumbing Main level sq. ft. Water Meter Size 2nd level sq. ft Back flow device Finished basement Back flow device Unfinished basement Sewer Lateral Repair Garage/carport Mechanical Covered patio/porch Furnace Remodel Water Heater Electric< Size	Plumbing	Contractor:				Business License #:	
Address (city, state, zip): Email: Building Information Plumbing Electrical Main level sq. ft. Water Meter Size Panel Change-out 2nd level sq. ft Back flow device Finish Electrical Sewer Lateral Repair Solar Install Garage/carport Mechanical Solar System Size KW Covered patio/porch Furnace Pool Permit Remodel Water Heater o Site Plan Construction Type Other o Engineering Number of Units Other o Approximate Cost							
Main level sq. ftWater Meter SizePanel Change-out2nd level sq. ftBack flow deviceFinish Electrical2nd level sq. ftBack flow deviceFinish ElectricalFinished basementSewer Lateral RepairSolar InstallUnfinished basementMechanicalSolar System SizeGarage/carportMechanicalSolar System SizeCovered patio/porchFurnacePool PermitRemodelWater Heatero Site PlanConstruction TypeOthero EngineeringNumber of Unitso Approximate Cost	Address (c	ity, state, zip)):			Email:	
Total cost of Project: \$	Main level sc 2nd level sc Finished ba Unfinished Garage/car Covered pa Remodel Electric S Construction Number of	sq. ft l. ft lsement basement port tio/porch ervice Size on Type Units		Water Meter Size Back flow device_ Sewer Lateral Rep <u>Mechanical</u> Furnace Water Heater	pair	Panel Change-out Finish Electrical Solar Install Solar System SizeKW <u>Pool Permit</u> o Site Plan o Engineering	

PLANS REQUIRED:

SITE PLAN:

- O Subdivision name, phase/addition number, lot number and street address
- The property lines and property dimensions
- O Location and dimensions of front, side, and rear yard setbacks to the structure
- O The location, size, and shape of all structures proposed for construction
- O Location and dimension of all parking areas and driveways
- O Location of any easements, floodplains, or other pertinent legal features that cross the property
- O Any other relevant information that may be required to determine conformance with applicable regulations, such as manholes, water meter pits, Electric service, light poles, etc.
- O Pad Elevation and TBC Elevation (Top Back of Curb)

BUILDING PLANS

- House elevations (4sides) with wall and top of roof heights
- Truss layout and stamped engineered trusses if used, attic sq footage, attic venting and vent layout.
- Floor layout with beam schedule and lengths, Floor joist type and lengths.
- Footing Schedule with reinforcement, pier placement and crawlspace venting and square footage. Finished pad elevation (Minimum of 18" above TBC)
- Braced wall schedule according to the International Residential Code (IRC) or structural engineering plan
- Window sizes and types, insulation requirements for walls, foundation, roof and floor.

TYPE OF WORK TO BE COMPLETED:

- O NEW RESIDENTIAL SINGLE FAMILY
- NEW DUPLEX ISSUED AS ONE PERMIT
- NEW PATIO HOME ISSUED AS TWO PERMITS
- MULTI-FAMILY ISSUED AS ONE PERMIT

DUPLEX, PATIO HOMES, MULTI-FAMILY REQUIRE UL FIRE - WALL ON PLANS UL # _____

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:
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