

APPLICATION DATE _____

PERMIT # _____

~ CITY of WILLARD ~
SITE GRADING PERMIT

PROPERTY INFORMATION

PROPERTY ADDRESS: _____ ZONING: _____

PROPOSED BUSINESS NAME: _____

APPLICANT & CONTRACTOR INFORMATION

OWNER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

EXCAVATION CONTRACTOR: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____

Describe nature of work to be associated with this permit: _____

Commercial Property _____ Residential Subdivision _____
Multi-Family Property _____ Manufacturing _____

If applicable please submit the following documents:

- Grading, Sediment, and Erosion Control Plans
- NPDES Storm Water Permit
- 404 Permit
- DNR Land Disturbance Permit

Letter of Credit _____ Bond _____ Check _____ Cash _____

PLAN REVIEW FEES \$ _____

PERMIT FEES \$ _____

Applicant: _____

Date: _____

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 A REQUEST FOR AN EXTENSION IS RECEIVED AND APPROVED BY THE DIRECTOR OF DEVELOPMENT 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.