

APPLICATION DATE _____

PERMIT NUMBER _____

~ CITY of WILLARD ~
COMMERCIAL BUILDING PERMIT APPLICATION

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PROPOSED BUSINESS NAME: _____

LEGAL DESCRIPTION MUST BE ATTACHED TO CONSTRUCTION DOCUMENTS

APPLICANT & CONTRACTOR INFORMATION

- OWNER: _____ BUSINESS/COMPANY: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____
- GENERAL CONTRACTOR: _____ CONTACT NAME : _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____
- ENGINEER: _____ CONTACT NAME: _____
ADDRESS:: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____
- ARCHITECT: _____ CONTACT NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____
- ELECTRICAL CONTRACTOR: _____ CONTACT NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____
- MECHANICAL CONTRACTOR: _____ CONTACT NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____
- PLUMBING CONTRACTOR: _____ CONTACT NAME: _____
ADDRESS: _____ CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____ @ _____

<p><u>STRUCTURE & LOT INFORMATION:</u></p> <p>ZONING: _____</p> <p>TOTAL SQ. FOOT UNDER ROOF: _____</p>
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<p><u>OFFICE USE ONLY:</u></p> <p>TYPE OF CONSTRUCTION:</p> <p>USE GROUP: _____ <input type="checkbox"/> INFILL</p>
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DESCRIPTION OF WORK:

TOTAL COST OF PROJECT. _____

TWO SETS OF CONSTRUCTION DRAWINGS MUST BE SUBMITTED WITH APPLICATION.

CONTRACTORS MUST OBTAIN A WILLARD CITY BUSINESS LICENSE PRIOR TO COMMENCING WORK.

PERMIT CALCULATION:

SEWER CONNECTION FEE.....	\$ _____
WATER CONNECTION FEE.....	\$ _____
BUILDING PERMIT FEE.....	\$ _____
PARK FEE.....	\$ _____
INFRASTRUCTURE FEE.....	\$ _____
REVIEW FEES.....	\$ _____
ISSUANCE FEE.....	\$ _____
TOTAL PERMIT COST	\$ _____

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:** _____

REV 7/12