

APPLICATION DATE _____

PERMIT NUMBER _____

PERMIT COST <30 “ and /or <120 sq. ft. \$40.00
>30” and/or >120 sq. ft. \$50.00

~ CITY of WILLARD ~
DECK PERMIT APPLICATION

PROPERTY INFORMATION

PROPERTY ADDRESS _____ SUBDIVISION _____ LOT # _____ ZONING: _____
IF PROPERTY IS NOT LOCATED IN A SUBDIVISION, THE LEGAL DESCRIPTION & PARCEL NUMBER MUST BE ATTACHED.

APPLICANT & CONTRACTOR INFORMATION

• OWNER: _____ BUSINESS/COMPANY: _____

ADDRESS (CITY, STATE, ZIP): _____ PHONE: _____

• GENERAL CONTRACTOR: _____ CONTACT: _____

ADDRESS (CITY, STATE, ZIP): _____ PHONE: _____

Dimensions of Deck _____ Total Square Footage: _____

Left Setback: _____ Right Setback: _____ Front Setback: _____ Rear Setback: _____

Total cost of Project. _____

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.

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

A SITE PLAN MUST BE SUBMITTED WITH THIS APPLICATION.

TOTAL PERMIT COST\$ _____

OWNER/CONTRACTOR: _____ DATE: _____

Update 05/07/2015