

APPLICATION DATE _____

PERMIT# _____

~ CITY of WILLARD ~
MISCELLANEOUS 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 NAME: _____ ADDRESS: _____

CITY, STATE AND ZIP: _____ PHONE: _____

CONTRACTOR NAME: _____ ADDRESS: _____

CITY, STATE AND ZIP: _____ CONTACT NAME: _____

PHONE #: _____ EMAIL: _____

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

DESCRIPTION OF WORK: Residential Commercial W/ Electrical W/Plumbing

- Temporary Structure/ Type _____
- Re-roof (Applies to 50% or more repair)
- Construction /Repair of Foundation
- Swimming Pool: above ground in ground
- Accessory Building
- Addition/Type _____
- Remodel/Type _____
- Storm Shelter
- Other _____
- Cost of Project _____

OFFICE USE ONLY:

CORNER LOT

RIGHT SET BACK: _____

LEFT SETBACK: _____

REAR SETBACK: _____

USE GROUP: _____

CONSTRUCTION TYPE: _____

WILLARD CITY LICENSE # IF APPLICABLE _____

Total Square Feet _____ Height _____

Review Fees (if applicable) \$ _____ 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 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.

OWNER/CONTRACTOR _____

DATE _____