

APPLICATION DATE: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_

# CITY OF WILLARD

## Residential Building Permit

### Property Information

Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_ Zoning: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ Section/Township/Range: \_\_\_\_\_

Property Easements: Front Back Left Right  
Property Setbacks: Front Back Left Right

IF PROPERTY IS NOT LOCATED IN A SUBDIVISION, THE LEGAL DESCRIPTION MUST BE ATTACHED

### Applicant and Contractor Information

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

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

General Contractor: \_\_\_\_\_ Business License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Business License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ Business License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ Business License #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (city, state, zip): \_\_\_\_\_

### **Building Information**

Main level sq. ft. \_\_\_\_\_

2nd level sq. ft. \_\_\_\_\_

Finished basement \_\_\_\_\_

Unfinished basement \_\_\_\_\_

Garage/carport \_\_\_\_\_

Covered patio/porch \_\_\_\_\_

Electric Service Size \_\_\_\_\_

Construction Type \_\_\_\_\_

Number of Units \_\_\_\_\_

### **Number of:**

Furnaces \_\_\_\_\_

Water heaters \_\_\_\_\_

Gas openings \_\_\_\_\_

Gas logs/fireplaces \_\_\_\_\_

Sinks \_\_\_\_\_

Bathrooms \_\_\_\_\_

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 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: \_\_\_\_\_

**TYPE OF WORK TO BE COMPLETED:**

- 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 SUPPRESSION WALL ON PLANS UL # \_\_\_\_\_

**PLANS REQUIRED:**

- SITE PLAN:
  - DRIVEWAY
  - ELECTRIC METER/TRANSFORMER LOCATIONS
  - SETBACK AND EASEMENTS
- ROOF
- FLOOR
- FOUNDATION
- ELEVATION (ALL 4 SIDES)
- ENGINEERS CERTIFICATION ON BULL TRUSSES  
& LVLS