

APPLICATION DATE: _____
EXPIRATION DATE: _____

PERMIT NUMBER _____

PERMIT FEE _____
ISSUANCE FEE \$10.00
LOCATE FEE \$5.00

CITY OF WILLARD

Miscellaneous Permit

Property Information

Address: _____ Subdivision: _____

Lot #: _____ Zoning: _____ Parcel ID: _____ Section/Township/Range: _____

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

Applicant and Contractor Information

Owner: _____ Phone: _____

Address (city, state, zip): _____ Email: _____

Contractor: _____ Phone: _____

Address (city, state, zip): _____ Email: _____

Improvement Information

Type of Improvement

- Temporary Structure: _____
- Re-Roof (50% or more repair)
- Construction/Repair of Foundation
- Swimming Pool: Above Ground or In Ground
- Accessory Building
- Addition: _____
- Remodel: _____
- Storm Shelter
- Other: _____

Improvement Detail

- Location: Residential Commercial
- Features included: Electric Plumbing
- Materials to be used: _____
- Type of enclosure around pool: _____
- Is property located in 100-year floodplain?
Yes No
- Dimensions: _____ X _____ Total Sq. Ft. _____
- Height: _____
- Total Cost of Project: \$ _____

Required Documentation and Licensing

- Sketch Plan, to-scale
- Business License for Contractor, if applicable. License # _____
- Property pins must be visible at time of presite inspection.

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: _____