

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): _____ Email: _____

Electrical Contractor: _____ Business License #: _____

Contact Person: _____ Phone: _____

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

Mechanical Contractor: _____ Business License #: _____

Contact Person: _____ Phone: _____

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

Plumbing Contractor: _____ Business License #: _____

Contact Person: _____ Phone: _____

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

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