APPLICATION	DATE

PFRMI	NUMBER	

\sim CITY of WILLARD \sim

MULTI-FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION

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PROPERTY ADDRESS:	PROPOSED BUSINESS N	AME	
SUBDIVISION:			Loт #:
IF PROPERTY IS NOT LO	OCATED IN A SUBDIVISION, THE LEGAL D	ESCRIPTION & PARC	CEL NUMBER MUST BE ATTACHED
APPLICANT & CONTRAC	CTOR INFORMATION		
• OWNER:	Business/Com	MPANY:	
Address:	CITY, STATE, ZIP:		PHONE:
GENERAL CONTRACTOR:		CONTACT:	
Address:	CITY, STATE, ZIP:		PHONE:
• ELECTRICAL CONTRACTOR:		CONTACT:	
Address:	CITY, STATE, ZIP:		PHONE:
Plumbing Contractor:		CONTACT:	
Address:	City, State, Zip:		_PHONE:
MECHANICAL CONTRACTOR:	CONTACT:		
Address:	City, State, Z	IP:	PHONE:
BUILDING STRUCTURE	& LOT INFORMATION		
CURRENT ZONING T	YPE OF CONSTRUCTION	Тотаі	COST OF PROJECT
Number of Dwelling Units_	Тот.	al Square Feet Un	NDER ROOF
	<u>FEES</u>		
			\$ \$
			\$ \$
			\$
BUILDING FEE			\$
			\$
			\$
			\$
TOTAL PERMIT COST			\$
I HEREBY CERTIFY THAT THE I	NFORMATION PROVIDED ON THIS APP	PLICATION IS TRUE	AND CORRECT; THAT I HAVE READ AND
UNDERSTAND THE PROCEDURES,	, ORDINANCES, AND REQUIREMENTS ASS	OCIATED WITH THE	APPLICATION AND REVIEW PROCESS. I ALSO
UNDERSTAND THAT THIS APPLIC	CATION WILL EXPIRE WITHIN 180 DAYS OF	THE DATE OF MY SIG	GNING, UNLESS EXTENDED BY THE BUILDING
INSPECTOR PURSUANT TO A W	RITTEN REQUEST FOR EXTENSION REC	CEIVED PRIOR TO	THE EXPIRATION DATE. FURTHERMORE, I
			REVIEWS PERFORMED BY CONSULTANTS OF
			ECORDING FEES. THESE COSTS MAY BE PAID
		GAL NOTICE, AND K	ECONDINGTEES. THESE COSTS MAT BETAID
	Y THE APPLICANT UPON INVOICING.		(G. TYON
	ON PLANS MUST BE SUBMITTED W OBTAIN A WILLARD CITY BUSINES		
OWNER/CONTRACTOR:			DATE: