

# City of Willard

## CODE ENFORCEMENT

P. O. BOX 367 • WILLARD, OH 44890-0367

PHONE 419-935-6555 • FAX 419-933-4545

### BUILDING PERMIT APPLICATION

Project Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Building Use \_\_\_\_\_

Description of Work \_\_\_\_\_

Building Size (Sq. Ft.) \_\_\_\_\_ Height \_\_\_\_\_ Valuation of Work \$ \_\_\_\_\_

#### Complete the following section only if applicable:

Contractor Name	Address	Phone
Excavation (Including Water, Sewer, and Storm Taps)		
Framing (Structural)		
Electrical		
Plumbing		
HVAC		
Final Building		

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT

\_\_\_\_\_  
DATE