FOR OFFICE USE ONLY

DATE: _____

PERMIT #: _____

RECEIPT #: _____

AMOUNT: _____

_____

ISSUED BY: _____

CITY OF WILLOWICK
BUILDING DEPARTMENT
GENERAL
PERMIT APPLICATION

TYPE OF PERMIT

__ CONCRETE __ WATERPROOFING __ SEWER

__ROOF __SIDING __POOL __ FENCE __ DEMO

__ BUILDING __ SIGN OTHER _____

Briefly describe work: _____

_____

_____

_____

OWNER ADDRESS

CITY STATE ZIP

PHONE (HOME) (WORK)

CONTRACTOR

COMPANY NAME

ADDRESS

CITY STATE ZIP

AGENT PHONE

Are you currently registered with the City of Willowick __ Yes __ No

Date Work Will Begin: _____ Completed: _____ Estimated Cost: $_____

GENERAL CONTRACTOR SUB-CONTRACTED FROM :

NAME ADDRESS

CITY STATE ZIP PHONE

INSPECTIONS

It is hereby agreed that the undersigned will notify the Building Department to inspect the following: footings, foundations, forms prior to pouring concrete, all wiring, framing and plumbing before covering or concealing, chimneys and fireplaces before elements are concealed, any and all rough and final inspections of all work performed. It is the responsibility of the permit holder to make the necessary arrangements for all inspections with the Building Department. I agree to abide by all the conditions herein contained and to comply with all laws and ordinances of the City of Willowick and the laws of the State of Ohio relating to the work to be done hereunder, and said agreement is a condition of said permit.

SIGNATURE DATE PRINT NAME

over >

SITE PLAN

(DRAW SKETCH)