

**For Office Use Only**

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Amount: \_\_\_\_\_

Issued By: \_\_\_\_\_

**City Of Willowick**  
 31230 Vine St. Willowick Oh 44095  
**Permit Application**  
 440-516-3000



**Type Of Permit**

Concrete     Waterproofing (exterior only)     Sewer  
 Roof (non structural)     Siding     Shed     Fence  
 Temporary Sign     Sign Face Change  
 Sidewalk     Driveway     Apron     Other

**Detailed Work Description:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OWNER	ADDRESS	
CITY	STATE	ZIP
PHONE(HOME)	WORK	

CONTRACTOR

COMPANY

ADDRESS

CITY	STATE	ZIP
AGENT	PHONE	

Are you currently registered with the City of Willowick     Yes     No

Date work will begin: \_\_\_\_\_ Completed: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

I state that the undersigned will notify the Zoning Department to inspect the following: forms prior to pouring concrete, sewers, drain tile, waterproofing before backfill, fence post holes before concrete and all final inspections of all work performed. It is the responsibility of the permit holder to make the necessary arrangements for all inspections with the Zoning 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 if applicable and said agreement is a condition of said permit.

Applicant's Signature

Date

Print Name