



**CITY OF WILLOWS  
BUILDING DEPARTMENT**

201 N. Lassen Street Willows, CA 95988 (530) 934-7041 FAX (530) 934-7402

**BUILDING PERMIT APPLICATION**  
**PROJECT INFORMATION**

\_\_\_\_\_  
**Address of Job** **Parcel Number**

\_\_\_\_\_  
**Property Owner Name**      **Mailing Address**      **City**      **State**      **Zip Code**      **Phone #**

**DETAILED DESCRIPTION OF WORK TO BE DONE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Project \$ \_\_\_\_\_

**CONTRACTOR & ARCHITECT INFORMATION**

\_\_\_\_\_  
**Name of Contractor**      **Mailing Address**      **City**      **State**      **Zip Code**      **Phone #**

\_\_\_\_\_  
**City Business License #**      **Expiration Date**      **Contractors License #**      **Class**      **Expiration Date**

\_\_\_\_\_  
**Worker's Comp Carrier**      **Policy Number**      **Expiration Date**

\_\_\_\_\_  
**Name of Architect/Engineer**      **Mailing Address**      **City**      **State**      **Zip**      **Phone #**

\_\_\_\_\_  
**Architect/ Engineer License #**      **Expiration Date**

\_\_\_\_\_  
**Signature of Applicant/Contractor**      **Date Submitted**

\_\_\_\_\_  
***For Official Use Only***      **Planning Department Use Only**      **Flood Zone Use Only**

**Development Impact Fees Required:**      Zoning: \_\_\_\_\_ Use Allowed: \_\_\_ Yes \_\_\_ No      Zone: \_\_\_\_\_

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Date: \_\_\_\_\_      \_\_\_\_\_

School Fees Required:      Printed Name: \_\_\_\_\_      Signature \_\_\_\_\_

\_\_\_\_\_ Yes      \_\_\_\_\_ No      Signature: \_\_\_\_\_      Date \_\_\_\_\_