



CITY OF WILLOWS
COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

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

BUILDING PERMIT APPLICATION

FILL OUT APPLICATION COMPLETELY

PROJECT INFORMATION

Project Address: _____ Assessor Parcel #: _____

DETAILED Project Description: _____

_____ Bldg. Sq. Ft.: _____

Project Contract Price/Valuation (*shall include materials & labor*): \$ _____

Please Check all that apply to your project: Electrical: _____ Plumbing: _____ Mechanical: _____

Building Use: _____ Occupancy Class: _____

Signature: _____ Print: _____ Date: _____

PROPERTY OWNER INFORMATION

Property Owner Name (please print): _____

Owner Mailing Address: _____ Phone #: _____

Owner Email: _____

APPLICANT INFORMATION
(IF DIFFERENT FROM OWNER INFORMATION)

Applicant Name (please print): _____ Phone #: _____

Applicant Mailing Address: _____

Applicant Email: _____

CONTRACTOR/ARCHITECT INFORMATION

Contractor/Business Name: _____ Phone #: _____

Contractor Mailing Address: _____

Contractor Email: _____

Contractor State License #: _____ License Class(es): _____

Workers Comp Carrier: _____ Policy #: _____ Expiration Date: _____

Architect/Engineer Name: _____ License #: _____

Mailing Address: _____ Phone #: _____

City Business License #: _____ Expiration: _____

OFFICIAL USE ONLY – AGENCY APPROVALS FOR BUILDING PERMIT ISSUANCE

PLANNING

Application #: _____ Date Rec'vd: _____ Zoning: _____ Flood Zone: _____
Req'd Setbacks: Front: _____ Rear: _____ Side: _____ Height: _____ COA's attached: Yes: _____ No: _____ N/A _____
Approved for Issuance by: _____ Date: _____

BUILDING

Application #: _____ Date Rec'vd: _____ Dev. Impact Fees Req'd: Yes: _____ No: _____
Plans out to review: Yes: _____ No: _____ Date Sent: _____ School Fees Req'd: Yes: _____ No: _____ Sq. Ft.: _____
Approved for Issuance by: _____ Date: _____

ENGINEERING

Civil Plans to Engineering: Yes: _____ No: _____ Date Sent: _____
Approved for Issuance by: _____ Date: _____

PUBLIC WORKS

Application #: _____
(circle one) Excavate/Install: Check one: Street/Alley: _____ Sidewalk: _____ Curb/Gutter: _____ Sewer: _____ Driveway: _____ Other: _____
Approved for Issuance by: _____ Date: _____

GLENN COUNTY ENVIRONMENTAL HEALTH

Application #: _____
Approved for Issuance by: _____ Date: _____

FIRE

Application #: _____
Approved for Issuance by: _____ Date: _____

GLENN COUNTY AIR POLLUTION

Application #: _____
Approved for Issuance by: _____ Date: _____