



City of Williams

113 S. 1st Street, Williams, Arizona 86046 Phone 928-635-4451 Fax 928-635-4495

BUILDING PERMIT APPLICATION

OWNER

Name: _____
Mailing Address _____
City State Zip _____
Telephone _____
Email _____

CONTACT PERSON

Name _____
Telephone _____
Work/Cell # _____
Email _____

CONTRACTOR

Name _____
Address _____
City State Zip _____
Telephone _____
License # _____
Email _____

ARCHITECT/ENGINEER

Name _____
Address _____
City State Zip _____
Telephone _____
Email _____

PROPERTY INFORMATION

Subdivision _____ Lot # _____
Assessor's Parcel # _____
Zoning _____ Floodplain _____ Sq ft Lot _____
Job Address _____

TYPE OF IMPROVEMENT

- | | | | |
|---------------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Modular | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Repair | <input type="checkbox"/> Re-Roof | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Remodel | <input type="checkbox"/> Equipment | <input type="checkbox"/> Electrical |

PROPOSED USE

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Single Family | <input type="checkbox"/> Commercial | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Multi Family # of Units _____ | <input type="checkbox"/> Motel # of Units _____ | |
| <input type="checkbox"/> Garage - Attach | <input type="checkbox"/> Garage - Detached | |
| <input type="checkbox"/> Other/Non Residential Specify _____ | | |

OTHER PERMITS AND APPROVALS

- | |
|--|
| <input type="checkbox"/> Health Department # _____ |
| <input type="checkbox"/> ADEQ/ Septic Permit # _____ |
| <input type="checkbox"/> Highway Dept # _____ |
| <input type="checkbox"/> Other _____ |

ELECTRIC SERVICE

TYPE:

- Residential
 Commercial
 Sub Panel # _____

SERVICE SIZE

- 100 200 400
 Other _____

PANELS & CIRCUITS

- Sub Panel Size _____
 # Elect Circuits _____

ELECTRIC APPLIANCES

- Washer
 Dryer
 Water Heaters # _____
 Dishwasher
 Range
 Garbage Disposal
 Microwave
 Exhaust Fans # _____
 Pumps # _____

HEATING

- | | |
|---|---------|
| <input type="checkbox"/> Electric Base Boards | # _____ |
| <input type="checkbox"/> Gas Furnace under 100K | _____ |
| <input type="checkbox"/> Gas Furnace over 100K | _____ |
| <input type="checkbox"/> Electric Furnace | _____ |
| <input type="checkbox"/> Fireplace | _____ |
| <input type="checkbox"/> Gas Fireplace | _____ |
| <input type="checkbox"/> Unit Heaters | _____ |
| <input type="checkbox"/> Wood Stove | _____ |
| <input type="checkbox"/> Heat Pump/In floor | _____ |
| <input type="checkbox"/> Passive Solar | _____ |
| <input type="checkbox"/> Active Solar | _____ |
| <input type="checkbox"/> _____ | _____ |
| <input type="checkbox"/> _____ | _____ |

GAS SERVICE

- Natural
 Propane
 None

GAS APPLIANCES

- None
 Water Heater
 Dryer
 Range/Oven

WATER SERVICE

- City Haul Well

DESCRIPTION OF WORK: _____

Valuation of Project: \$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

Owner/contractor Signature _____ Date ____/____/____