

Building Permit Application



Notice to applicants: This permit is issued on the basis of information furnished in the application and of any submitted plans, and is subject to the provisions in addition, requirements of the City of Wilmer code of ordinances and any other applicable ordinance. This permit is issued only for the purpose of allowing construction of a building or structure conforming to the codes and ordinances of the city, regardless of information and/or plans submitted.

Street Address of Proposed Project:				Suite/Bldg #		Use of Property:	
Owner Name:		Address:			City	State	Zip
Email Address:				Phone Number:			
Applicant:				Company Name:			
Address:		City:	State	Zip	Phone Number:	Email Address:	
Description of Project:							
All food service establishments require a grease trap interceptor installed onsite. Is there one located on this property? YES NO				Const. Area (sq ft)		Valuation (\$)	
Please indicate all types of work that will be part of the project and provide the contractor information on the back of this form.							
<input type="checkbox"/> Building		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Fence		<input type="checkbox"/> Drive Approach	<input type="checkbox"/> Backflow
<input type="checkbox"/> Electrical		<input type="checkbox"/> Fire Sprinkler		<input type="checkbox"/> Sign		<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Other
<input type="checkbox"/> Mechanical		<input type="checkbox"/> Fire Alarm		<input type="checkbox"/> Landscape		<input type="checkbox"/> Irrigation	
Will Alcohol be sold? Yes No		Personal Service License required for the proposed use? Yes No					
Will there be a dance floor? Yes No		Are potentially hazardous foods/open foods being sold? Yes No					
I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued all provisions of the city ordinances and state laws will be complied with whether herein specified or not. I am the owner of the property or the duly authorized agent. Permission is hereby granted to enter premises and make all inspections.							
Applicant Signature:					Date:		
Zoning				Building			
Land Use	Type of Work	Base Zoning	PD	Const. type	Occupancy	Floodplain	Spec. Inspect.
Lot	Block	Req. Parking	Prop. Park	Sprinkler	Occupant load	# bedrooms	# bathrooms
Lot Area	BOA	CUP	Parking Agrmt	Stories	Dwelling Units		
Route to:	Reviewer	Date		Remarks:		Fee Calculations:	
Public Works						Permit Fee \$	
Planning						Plan Review \$	
Engineering						Other \$	
Other:						Total Fee \$	

Contractors

General Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				

Electrical Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				

Mechanical Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				

Plumbing Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				

Other Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				

Other Contractor

Name:	Company Name:		Phone:	
Address:	City	State	Zip	Email
Description of work:				