



# City of Williams

113 S. 1st Street, Williams, Arizona 86046 Phone 928-635-4451 Fax 928-635-4495  
 Building Official: Stacy Foss • Phone 928-295-5478 • Email sfoss@williamsaz.gov

## 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

New Building     Addition     Modular     Plumbing  
 Alteration     Repair     Re-Roof     Mechanical  
 Demolition     Remodel     Equipment     Electrical

### PROPOSED USE

Single Family     Commercial     Restaurant  
 Multi Family # of Units \_\_\_\_\_     Motel # of Units \_\_\_\_\_  
 Garage - Attach     Garage - Detached  
 Other/Non Residential Specify \_\_\_\_\_

### OTHER PERMITS AND APPROVALS

Health Department # \_\_\_\_\_  
 ADEQ/ Septic Permit # \_\_\_\_\_  
 Highway Dept # \_\_\_\_\_  
 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

Electric Base Boards \_\_\_\_\_  
 Gas Furnace under 100K \_\_\_\_\_  
 Gas Furnace over 100K \_\_\_\_\_  
 Electric Furnace \_\_\_\_\_  
 Fireplace \_\_\_\_\_  
 Gas Fireplace \_\_\_\_\_  
 Unit Heaters \_\_\_\_\_  
 Wood Stove \_\_\_\_\_  
 Heat Pump/in floor \_\_\_\_\_  
 Passive Solar \_\_\_\_\_  
 Active Solar \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### 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 \_\_\_\_/\_\_\_\_/\_\_\_\_