

# CITY OF LOCKPORT

## MISCELLANEOUS PERMIT FORM

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of work: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Please explain what work will be done: \_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor Registration #: \_\_\_\_\_

**\*Please remember to attach a copy of a City of Lockport Certificate of Registration.**

Estimated Construction Value: \$ \_\_\_\_\_

Historic District: (Yes / No)

**I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_

Permit #: \_\_\_\_\_

Issued By: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_