



CITY OF LOCKPORT

MISCELLANEOUS PERMIT FORM

(Please Print Legibly)

Applicant Name: _____ Phone #: _____

Construction/Event Address: _____

Property Owner Name: _____

Please explain the nature of the project: _____

Contractor: _____ Registration #: _____

List any Additional Contractors: _____

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

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 #: _____

Permit Fee: _____

Building Dept. Approval: _____ Date: _____

Planning Dept. Approval: _____ Date: _____

Comments: _____
