



# Application for Building Permit

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

Map: \_\_\_\_\_

Zoning: \_\_\_\_\_

Parcel: \_\_\_\_\_

### Parcel Type:

Residential       Rental/Commercial       Industrial

### Property Information:

Street Address Where Work is being done:	Granville, WV	Zip Code:
	Morgantown, WV	
Owners First Name:	Owners Last Name:	
Contact Person and Phone Number:		

### Detailed Description of Work to be Done:

<b>Total Value of Work \$</b>

Value of Building \$ \_\_\_\_\_ Value of Electrical \$ \_\_\_\_\_  
Square Footage of Building \_\_\_\_\_

**\*\*Must Attach Detailed Construction Plans\*\***

<b>CONTRACTOR INFORMATION:</b>	<b>Business Name</b>	<b>City License Number</b>
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall/Lathing		
Demolition		
Other		

I hereby certify that I am the owner of record of the named property, or 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 authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to this permit.

\_\_\_\_\_  
Printed Name of Applicant/Agent

\_\_\_\_\_  
Signature of Applicant/Agent

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Building Department Notes:

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Code Enforcement Notes:

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Fire Department Notes:

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Permit Review Fee:	<b>\$75.00</b>
Permit Fee:	
Electrical Fee:	
Stop Work Order:	
Other:	

Application Received and Processed By: \_\_\_\_\_

**Total Fee**

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

Fees Paid:            Yes                            No

Application:        Approved                            Denied

Zoning Permit Issued: \_\_\_\_\_

Building Permit Issued: \_\_\_\_\_

Submitted to Council: \_\_\_\_\_