

City of Westover  
 500 Dupont Rd.  
 Westover, WV 26501

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E) <input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Plumbing (P) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
-----------------------------	--	--	--	--------------------------

### 1. PROPERTY INFORMATION

Street Address	Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Commercial (C)	<input type="checkbox"/> Industrial (I) <input type="checkbox"/> Other (O)	

### 2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address	City	State Zip

### 3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

### 4. CERTIFICATION

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 such permit.

SIGNATURE OF APPLICANT	ADDRESS	PHONE NO.
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE NO.

### 5. BUILDING PERMIT APPLICATION

<b>For Dept. Use Only</b>	<b>Request Plan No. Assignment (Y/N)</b>	<b>PROPOSED USE:</b>		
<b>Plan Number</b>	<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)	<b>ASSEMBLY</b> <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6)	<b>INSTITUTIONAL</b> <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)	<input type="checkbox"/> <b>OTHER (24)</b> PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
		<b>EDUCATIONAL</b> <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	<b>RESIDENTIAL</b> <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21)	<b>FACTORY</b> <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)
<b>Structural</b> (check that applicable) <b>Frame</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)		<b>Exterior</b> (Check those applicable) <b>Walls</b> <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)		
Are any structural assemblies fabricated off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)		
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)		
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)		
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)		
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)		
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)		
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)		
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)		
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)		
Est. Start    /    /	Est. Finish    /    /	Building Est. Value \$		

### 6. ELECTRICAL PERMIT APPLICATION

Electrical Work  Yes  No

Total Service _____ AMPS		Number of Circuits:    2 WIRE    3 WIRE    4 WIRE			Number of Service Outlets:    110V    220V		
	<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>		<b>POWER DEVICES</b>	<b>No.</b>	<b>OUTPUT/LOAD</b>
1			7				
2			8				
3			9				
4			10				
5							
6				Total Number of Motors			
Utility Service Revisions:							
Est. Start    /    /		Est. Finish    /    /			Electrical Work Est. Value \$		

**7. PLUMBING PERMIT APPLICATION**Plumbing Work  Yes  No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Plumbing Work Est. Value \$ _____	

**8. MECHANICAL PERMIT APPLICATION**Mechanical Work  Yes  No

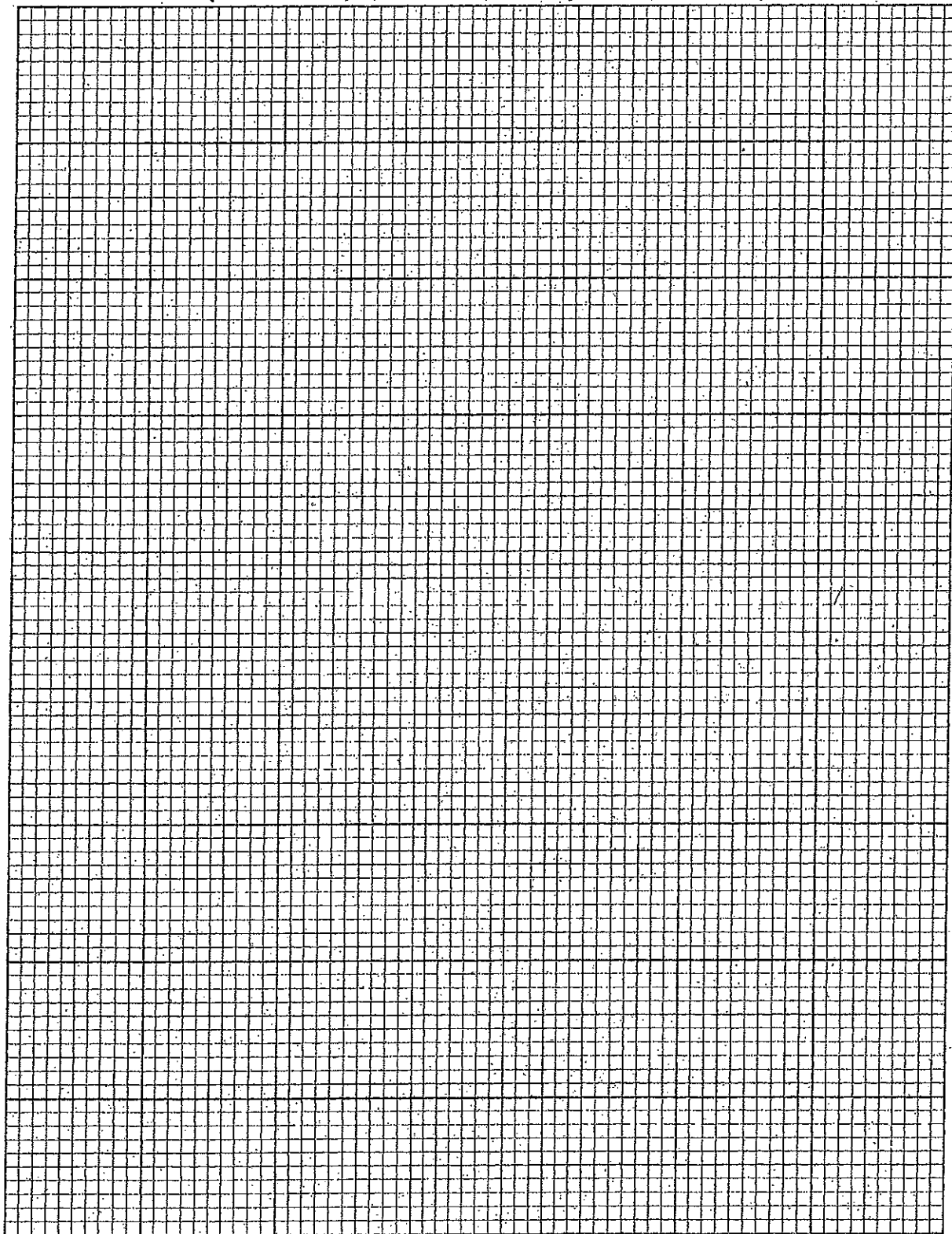
Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start _____ / _____ / _____		Est. Finish _____ / _____ / _____		Mechanical Work Est. Value \$ _____	

**9. OTHER REQUIRED PERMIT APPLICATION(S)**

Permit Type:		
Description of Work:		
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$ _____

**10. SITE PLAN**

**(Show lot lines, easements and work layout and dimensions)**



**SCALE = 1 Inch = \_\_\_\_\_ FEET**

11. DATA ENTRY

Application Received: / /

By:

Application Reviewed: / /

By:

Data Entry: / /

By:

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE \_\_\_\_\_ LOWEST FLOOR ELEVATION \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_

13. ZONING PLAN EVALUATION

ZONING DISTRICT \_\_\_\_\_ MAP NUMBER \_\_\_\_\_

LOT AREA (From Page 2) \_\_\_\_\_ LOT COVERAGE (%) \_\_\_\_\_

LOT AREA PER ROOM \_\_\_\_\_ ENCROACHMENTS \_\_\_\_\_

OFF STREET PARKING SPACES, REQUIRED \_\_\_\_\_ PROVIDED \_\_\_\_\_

LOADING SPACE \_\_\_\_\_

SIGNS; NUMBER \_\_\_\_\_ SIZE OF EACH SIGN \_\_\_\_\_

PLANNING COMMISSION APPROVAL REQUIRED \_\_\_\_\_

BOARD OF ZONING APPEALS APPROVAL REQUIRED \_\_\_\_\_

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
<b>TOTAL</b>		\$	<b>TO BE ENTERED ON PART 18</b>				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

**16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)**

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**17. OTHER DEPARTMENT APPROVALS**

Signature	Date	Signature	Date
		Health and Sanitation	
		Water	
		Architectural Review	
Environmental Management			

**18. VALIDATION**

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
<b>TOTAL FEES</b>			

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_

*CITY OF WESTOVER*  
*Sanitary Sewer Department*

Application for Sewer Service

This application agreement entered into between the City of Westover, Sanitary Sewer Board, a municipal corporation, hereinafter called "Westover or City" and \_\_\_\_\_ hereinafter called "Applicant(s)" is for the provision of sewer service to be provided by Westover to Applicant pursuant to the terms and conditions set forth below.

Applicant completes this agreement with the full knowledge and understanding that it is an application for service only. If construction problems are unusual or burdensome, or if it is not economically feasible to provide the requested service, or if service is unavailable, i.e., sewage will not flow by gravity, the City is not bound to provide the requested service and all fees paid will be returned.

Applicant further agrees that requests for additional taps, if one is already serving the premises, are subject to denial even after paid. Any additional taps furnished for the convenience of the Applicant(s) shall be the sole financial responsibility of the Applicant(s).

Westover shall furnish, subject to the limitations set forth in this agreement and its Rules and Regulations now in force or as hereafter amended, sewer service in connection with Applicant(s) occupancy of the following described dwelling or property.

- Single Family Dwelling
- Multiple Units - Number of units: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_
- Commercial - square footage: \_\_\_\_\_ Number of suites: \_\_\_\_\_

Complete address: \_\_\_\_\_

Map and Parcel: \_\_\_\_\_

For furnishing said sewer service, Applicant(s) agree to pay a security deposit in the amount of \$ \_\_\_\_\_ N/A \_\_\_\_\_, which represents the lawful amount that can be charged for a security deposit under the law. Said security deposit which is necessary to secure the City from loss shall be paid at the time that application for sewer service is made.

Prior to establishing service in Applicant(s) name, Applicant(s) agree to pay or make reasonable arrangements to pay all amounts due and owing for the provision of past sewer service to Applicant(s). Unless, payment for past arrearages is received or reasonable arrangements are made to pay the same, Westover will not provide the currently requested service.

Applicant(s) agree to comply with and to be bound by the Rules and Regulations of the City and the Rules and Regulations of the West Virginia Public Service Commission including its lawful Orders and Policies.

Applicant agrees to pay for sewer service at such rates on file with the Public Service Commission and at such time and place as established by Westover. Applicant further agrees to pay such applicable lawful penalties for non-payment or non-compliance with Westover's Rules and Regulations or Public Service Commission Rules and Regulations as are on file with the Public Service Commission or which may be hereafter adopted and imposed by City.

At the time of application, Applicant(s) agree to pay a service connection charge (Tap Fee) in the amount of \$ 450.00 per tap as contained in the City's lawful tariff on file with the Public Service Commission.

Applicant shall install and keep his service line in a workmanlike condition at all times. The date of the application shall be the date of the commencement of service for billing purposes unless a main extension is necessary.

If a main extension is necessary, the Applicant shall be required to fund such extension as set forth in the applicable Rules and Regulations of the Public Service Commission. Reimbursement, if any is due and owing by the City, shall be made pursuant to the applicable Rules and Regulations of the Public Service Commission. Billing shall, therefore, commence when the sewer service has actually been made available.

Billing shall be conducted pursuant to the City's lawful charges on file with the Public Commission. Such charges may include a minimum charge and delayed payment penalty, if applicable.

Applicant for sewer service shall notify the Board or its representative when the customer service line is ready for inspection and connection to the sanitary sewer.

We have executed this sewer application agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and agree to its various terms and conditions.

\_\_\_\_\_ (Applicant)

\_\_\_\_\_ (Applicant)

\_\_\_\_\_ (City Representative)

\_\_\_\_\_ (City Representative)

City Office Use Only

Applicant: \_\_\_\_\_ Water account no. \_\_\_\_\_

Property address: \_\_\_\_\_

If rental property, name of landlord: \_\_\_\_\_

Mailing address (if different from property address): \_\_\_\_\_

Telephone: \_\_\_\_\_

Deposit required:  yes  no Deposit amount: \$ \_\_\_\_\_

Main line extension required:  yes  no

If yes, provide an explanation. \_\_\_\_\_

Tap fee paid \$ \_\_\_\_\_ date: \_\_\_\_\_