



City of Westover  
 500 Dupont Road  
 Westover, Wv 26501  
 Phone: 304-269-6860  
 Fax: 304-296-6582

**City of Westover Code Enforcement Application for Building Permit**

DATE: ___/___/___ Is Applicant Owner Yes /No	Type of Work: electrical ___ Plumbing __ Demo___ Deck___ New Construction ___ Addition___ Accessory Building ___ Mechanical___ Grading ___ Asbestos___ Remodel or Repair___
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PARCEL TYPE: Residential \_\_\_ Rental/ Commercial \_\_\_ Industrial \_\_\_

**Property Information:**

Street address where work is to be performed:

Address:	Westover Wv	26501
Owners First Name:	Owners Last Name:	Phone Number:

**New Construction-Attach Site Plan**

<b>Type of building Structure:</b> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Two Story <input type="checkbox"/> Multi Family <input type="checkbox"/> Accessory <input type="checkbox"/> Commercial <input type="checkbox"/> Other	<b>Basement /Crawl space:</b> <input type="checkbox"/> No Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Non-Habitable <input type="checkbox"/> Habitable	<b>Building Area:</b> 1 <sup>st</sup> Floor _____ sq. ft. 2 <sup>nd</sup> Floor _____ sq. ft. Finished Basement _____ sq. ft. Garage _____ sq. ft. Covered Porch _____ sq. ft. Wood Deck _____ sq. ft.
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CONTRACTORS INFORMATION	CONTRACTORS BUSINESS NAME	STATE LICENSE NUMBER	CITY LICENSE NUMBER
GENERAL CONTRACTOR			
EXCAVATION			
CONCRETE			
CARPENTRY			
ELECTRICAL			
PLUMBING			
SEWER			
MECHANICAL			
ROOFING			
MASONRY			
DRYWALL			
DEMOLITION			
OTHER			

**Detailed Description of work:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Must attach detailed site plan \_\_\_ Yes No \_\_\_ Est Value of Work \$ \_\_\_\_\_**

I, the undersigner hereby certify that the information given herein is correct and I bind myself to comply with all ordinances pertaining to or governing the construction, repairs, alteration or building or use of land

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Signature of Applicant

Address of Applicant

Phone Number

Detailed Drawing

Signature of person picking up permit: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of person picking up permit: \_\_\_\_\_

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**OFFICE USE ONLY**

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PERMIT NUMBER:	TOTAL FEE[S]\$
Application Accepted By: _____	Date: _____
Approved By: _____	Date: _____
3rd Party Inspector Called: _____	Date: _____
Code Enforcement Officer: _____	Date: _____
Zoning Approval: _____	Date: _____