



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

### City of Westover Application for Building Permit

Application Date ____/____/____	Type of Work: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Demo <input type="checkbox"/> Deck <input type="checkbox"/> Mechanical <input type="checkbox"/> Grading <input type="checkbox"/> Asbestos <input type="checkbox"/> Remodel Or Repair <input type="checkbox"/> Shed <input type="checkbox"/> Other	Is Applicant Owner? Y/N
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Parcel Type:  Residential  Rental/ Commercial  Industrial

### Property Information

Street address where work is being done :	City Westover	Zip 26501
Owners First Name:	Owners Last Name:	Phone Number:

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			

### SCOPE OF WORK TO BE DONE:

Detailed Description of work:

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Must attach detailed site plan  YES  NO Est. Value of Work \$

I hereby certify that I am the owner of record of said property, or that the proposed work is authorized by owner of record and that I have authorized by the owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition ,if a permit for work described in the application is issued, I certify that the code official or code officials authorized representative shall have the authority to enter area covered by said permit at any reasonable hour to enforce the provisions of the code[s] applicable to this permit

Signature of Applicant Address of Applicant Phone Number

Print Name: \_\_\_\_\_

Detailed Drawings

[Large empty rectangular box for detailed drawings]

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

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

OFFICE USE ONLY

Code Enforcement notes:

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

Permit Number:	Total Fee[s] \$
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Application Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_