



**CITY OF WESTOVER | 500 DUPONT ROAD | WESTOVER, WV 26501
PHONE: 304-296-6860 | 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 ___
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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

Type of building Structure:	Basement /Crawl space:	Building Area:
<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	<input type="checkbox"/> No Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Non-Habitable <input type="checkbox"/> Habitable	1 st Floor _____ sq. ft. 2 nd Floor _____ sq. ft. Finished Basement _____ sq. ft. Garage _____ sq. ft. Covered Porch _____ sq. ft. Wood Deck _____ sq. ft.

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

Signature of Applicant

Address of Applicant

Phone Number

Detailed Drawing

Signature of person picking up permit: _____ **Date:** _____

Print Name of person picking up permit: _____

OFFICE USE ONLY

Code Notes

PERMIT NUMBER:	B & O FEES: \$
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INSPECTION FEES: \$	TOAL FEES \$
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Application Accepted By: _____ Date: _____

Approved By: _____ Date: _____

3rd Party inspector Called: _____ Date : _____

Code Enforcement Officer: _____ Date: _____

Zoning Approval: _____ Date: _____