

CITY OF ELKINS 401 DAVIS AVE ELKINS WV 26241	Date Pd: _____ Receipt #: _____ Session #: _____	APPLICATION FOR NEW CONSTRUCTION
PHIL ISNER BLDG INSPECTOR / CODE ENFORCEMENT OFFICER 304-636-1414 Ext 1431		
APPLICANT INSTRUCTIONS: For all applications, complete parts 1, 2, 3, 4, & 5 of this form. If electrical work, also complete Part 6. If plumbing work, also complete Part 7. If mechanical work, also complete part 8. For other permits, also complete Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 & 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
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1. PROPERTY INFORMATION

Street Address	Apt.	Zip.	Parcel No.	Zoning
Subdivision	Lot No.	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. CONTRACTOR INFORMATION

	Name of Contractor	Street Address	City, State	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				

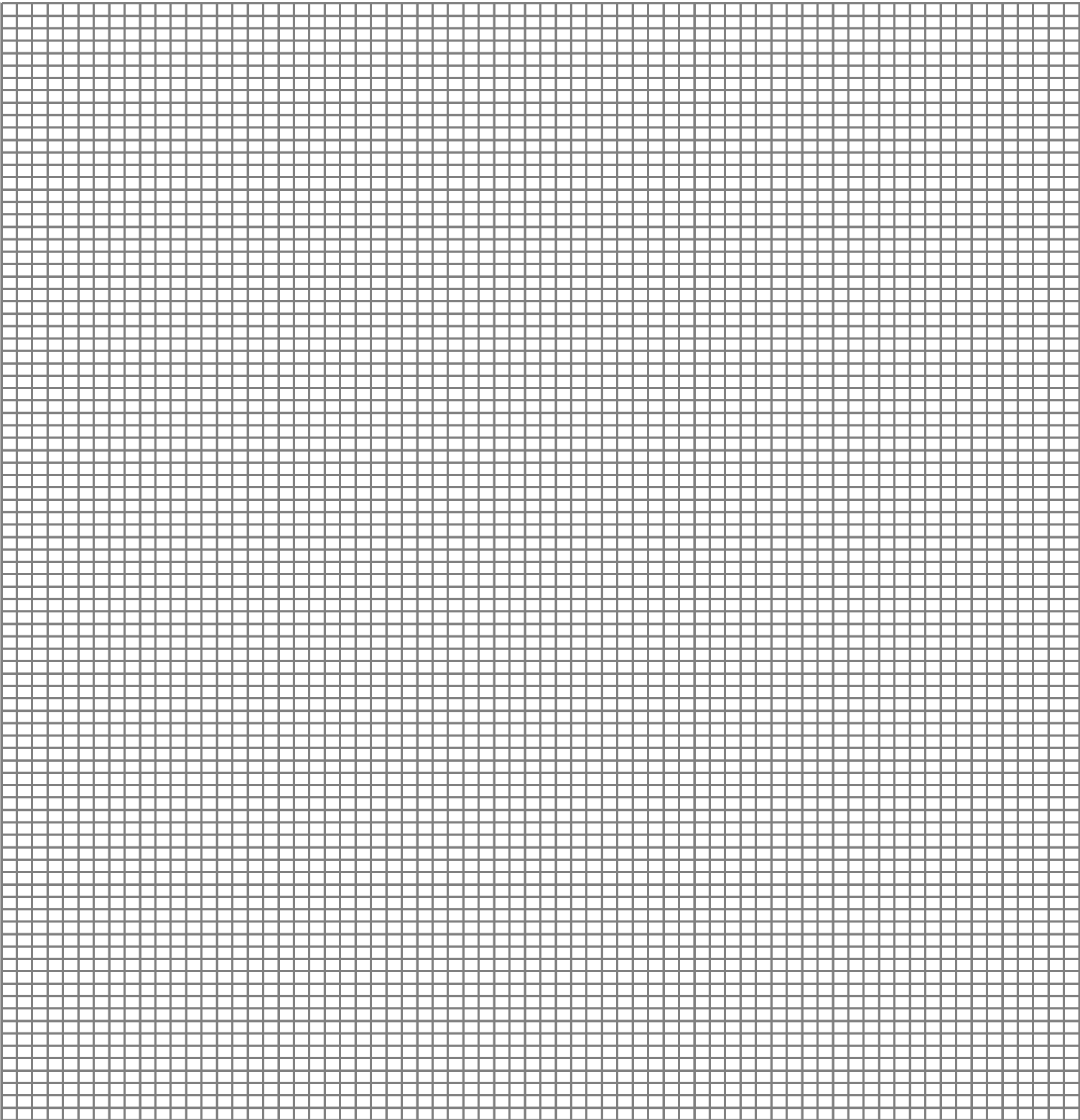
4. CERTIFICATION

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/her authorized 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.

10. SITE PLAN

Show lot lines, easements, and work layout & dimensions



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		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

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	___ Yes ___ No	___ Yes ___ No		
SOIL REPORT	___ Yes ___ No	___ Yes ___ No		
ARCHITECTURAL DRAWINGS	___ Yes ___ No	___ Yes ___ No		
STRUCTURAL DRAWINGS	___ Yes ___ No	___ Yes ___ No		
MECHANICAL DRAWINGS	___ Yes ___ No	___ Yes ___ No		
ELECTRICAL DRAWINGS	___ Yes ___ No	___ Yes ___ No		
JOB SPECIFICATINS	___ Yes ___ No	___ Yes ___ No		
STRUCTURAL CONNECT.DRWNGS.	___ Yes ___ No	___ Yes ___ No		
STRUCTURAL CALCULATIONS	___ Yes ___ No	___ Yes ___ No		
SPECIAL INSPECTION DATA	___ Yes ___ No	___ Yes ___ No		
SPRINKLER DRAWINGS	___ Yes ___ No	___ Yes ___ No		
SPRINKLER CALCULATIONS	___ Yes ___ No	___ Yes ___ No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management		Building Committee	

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			
TOTAL FEES			

Prepared By: _____

Date: _____

Approved By: _____

Title: _____