

# CITY OF PRINCETON

100 Courthouse Road, Princeton, W. V. 24740  
Phone: 304-487-5020

## APPLICATION FOR BUILDING PERMIT AND PLAN EXAMINATION

### I. LOCATION OF BUILDING

Address \_\_\_\_\_ Zoning district \_\_\_\_\_

House number \_\_\_\_\_ Street \_\_\_\_\_ and \_\_\_\_\_  
(cross street) (cross street)

Subdivision \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot size \_\_\_\_\_

### II. TYPE PROJECT

#### A. TYPE OF IMPROVEMENT

1.  New Building (Plans required)
2.  Addition (Plans if required)
3.  Demolition
4.  Moving, relocation
5.  Remodeling, Repair, Replacement (complete section D also) (Plans if required)
6.  Other \_\_\_\_\_

#### B. OWNERSHIP

7.  Private (Individual, corporation, etc.)
8.  Public (Federal, State, or local Government)

#### C. PROPOSED USE

##### Residential

9.  One family
10.  Two or more family, # units \_\_\_\_\_
11.  Hotel/Motel/Dormitory, # units \_\_\_\_\_
12.  Garage
13.  Carport
14.  Other-Specify \_\_\_\_\_

##### Non Residential (See attached sheet for example types)

15.  Assembly: Amusement, recreational, church, restaurants..
16.  Educational: Schools, Nursery schools, Academies...
17.  Healthcare: Hospitals, Nursing homes...
18.  Detention & Correctional: Correctional institutions...
19.  Mercantile: Drugstores, Supermarkets...
20.  Business: Doctors, Dentists, General offices...
21.  Industrial: Factories, Laundries, Gas plants...
22.  Storage: Warehouses, Bulk oil, Stables...
23.  Day care: Child care, Day care, Nursery schools...
24.  Mixed Occupancies: Two or more above in same building
25.  Other-Specify: \_\_\_\_\_
26.  Other-Specify: \_\_\_\_\_

Non Residential use: Describe in detail proposed use of building. If use of existing building is being changed, enter proposed use in detail. \_\_\_\_\_

#### D. TYPE WORK INVOLVED (Check all that apply for Remodeling, Repair, Replacement Projects)

- |   |  |  |
|---|--|--|
| 27. <input type="checkbox"/> Concrete/masonry | 35. <input type="checkbox"/> Roofing           | 43. <input type="checkbox"/> Exterior surfaces     |
| 28. <input type="checkbox"/> Wood framing     | 36. <input type="checkbox"/> Soffit, guttering | 44. <input type="checkbox"/> Painting              |
| 29. <input type="checkbox"/> Electrical       | 37. <input type="checkbox"/> Garage, carport   | 45. <input type="checkbox"/> Landscaping           |
| 30. <input type="checkbox"/> Plumbing         | 38. <input type="checkbox"/> Walks, driveways  | 46. <input type="checkbox"/> Tree trimming/removal |
| 31. <input type="checkbox"/> Mechanical       | 39. <input type="checkbox"/> Decks, patios     | 47. <input type="checkbox"/> Sewer/septic system   |
| 32. <input type="checkbox"/> Windows/doors    | 40. <input type="checkbox"/> Fences            | 48. <input type="checkbox"/> Tanks, towers         |
| 33. <input type="checkbox"/> Drywall          | 41. <input type="checkbox"/> Storage building  | 49. <input type="checkbox"/> Other _____           |
| 34. <input type="checkbox"/> Siding           | 42. <input type="checkbox"/> Interior surfaces |  |

**E. COST OF PROJECT**

50. Cost of Improvement (Include materials & labor).....\$ \_\_\_\_\_  
 To be installed but not included in the above cost.
- a. Electrical..... \_\_\_\_\_
  - b. Plumbing..... \_\_\_\_\_
  - c. Heating, air conditioning..... \_\_\_\_\_
  - d. Other..... \_\_\_\_\_

51. TOTAL COST OF PROJECT \$ \_\_\_\_\_

**III. SELECTED CHARACTERISTICS OF BUILDING**

For new buildings/additions, complete parts F- M; for demolition complete only part K; for all others skip to IV.

<p><b>F. PRINCIPAL TYPE OF FRAME</b></p> <p>52. <input type="checkbox"/> Masonry (wall bearing)</p> <p>53. <input type="checkbox"/> Wood Frame</p> <p>54. <input type="checkbox"/> Structural steel</p> <p>55. <input type="checkbox"/> Reinforced concrete</p> <p>56. <input type="checkbox"/> Other-specify _____</p>	<p><b>H. TYPE OF SEWAGE DISPOSAL</b></p> <p>62. <input type="checkbox"/> Public or private company</p> <p>63. <input type="checkbox"/> Private (septic tank, etc.)</p> <hr/> <p><b>I. TYPE OF WATER SUPPLY</b></p> <p>64. <input type="checkbox"/> Public or private company</p> <p>65. <input type="checkbox"/> Private (well, cistern)</p>	<p><b>K. DIMENSIONS</b></p> <p>68. <input type="checkbox"/> Number of stories _____</p> <p>69. <input type="checkbox"/> Total sq. ft. -all floors _____</p> <p>70. <input type="checkbox"/> Total land sq. ft. _____</p> <hr/> <p><b>L. OFF STREET PARKING</b></p> <p>71. <input type="checkbox"/> Enclosed spaces _____</p> <p>72. <input type="checkbox"/> Outdoors spaces _____</p>
<p><b>G. PRINCIPAL TYPE OF HEATING</b></p> <p>57. <input type="checkbox"/> Gas</p> <p>58. <input type="checkbox"/> Oil</p> <p>59. <input type="checkbox"/> Electricity</p> <p>60. <input type="checkbox"/> Coal</p> <p>61. <input type="checkbox"/> Other-specify _____</p>	<p><b>J. TYPE OF MECHANICAL</b></p> <p>66. Will there be central air?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 20px;"><input type="checkbox"/> No</p> <p>67. Will there be an elevator?</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes</p> <p style="padding-left: 20px;"><input type="checkbox"/> No</p>	<p><b>M. RESIDENTIAL ONLY</b></p> <p>73. <input type="checkbox"/> Number bedrooms _____</p> <p>74. <input type="checkbox"/> Number bathrooms _____</p> <p style="padding-left: 40px;">Full..... _____</p> <p style="padding-left: 40px;">Partial..... _____</p>

**IV. IDENTIFICATION – (To be completed by all applicants)**

	Name	Mailing address-Number, Street, City, State, Zip	Phone
1. Owner/ Lessee			
2. Contractor			Builder's license #
3. Architect/ Engineer			

I hereby certify 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. I acknowledge that the above is true and accurate, and that we agree to comply with all applicable laws of this jurisdiction.

Signature of Applicant	Address of Applicant	Application Date
------------------------	----------------------	------------------

Use the following space for additional information. NOTE: Applicant use last page for site or plot plan.  
 List other contractors doing work on your project not listed above.

---



---

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

**V. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS (Office use)**

Permit or approval	Check	Date obtained	Number	By(Name)
<u>Sewer</u>				
<u>Sign or Billboard</u>				
<u>Use of Public Areas</u>				
<u>Demolitions</u>				
<u>Grading</u>				
<u>Curb or Sidewalk cut</u>				
<u>Certificate of occupancy</u>				
<u>Other</u>				

**VI. PLAN REVIEW RECORD (For office use)**

PLANS REVIEW REQUIRED	Check	Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
<u>BUILDING</u>							
<u>PLUMBING</u>							
<u>MECHANICAL</u>							
<u>ELECTRICAL</u>							
<u>FIRE SAFETY</u>							
<u>OTHER</u>							

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 Use group \_\_\_\_\_ Fire Grading \_\_\_\_\_ Live Loading \_\_\_\_\_ Occupancy load \_\_\_\_\_

**VII. VALIDATION (For office use)**

Building permit # \_\_\_\_\_ Building permit issue date \_\_\_\_\_  
 Permit Fees  
 Building Permit \$ \_\_\_\_\_ FIRE SAFETY APPROVAL  
 Certificate of Occupancy \$ \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_  
 Plan Review \$ \_\_\_\_\_ ZONING APPROVAL  
 Other \$ \_\_\_\_\_ by \_\_\_\_\_ date \_\_\_\_\_  
 APPROVED BY (Name) \_\_\_\_\_ TITLE \_\_\_\_\_

**RECORD OF INSPECTIONS (For Inspector)**

TYPE	TIME	DATE	REMARKS	BY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

NOTES OR DATA (For office use/Inspector use)
_____
_____
_____
_____
VIII. ZONING PLAN EXAMINERS NOTES (For office use)
District/Zone _____ Use _____
Front yard _____ Rear yard _____ Side Yard _____ Side yard _____
APPROVED by _____ date _____
Notes _____
_____

IX. SITE OR PLOT PLAN (For Applicant use)