

FENCE

SITE PLAN INCLUDES:

- What type of fence: VINYL, PRIVACY, CHAIN-LINK, OR WOOD
- LENGTH
- WIDTH
- GATES
- POSTS? HOW FAR IN GROUND?

City of Morgantown 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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PROPERTY INFORMATION:		Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Rental/ Commercial <input type="checkbox"/> Industrial
Street Address Where Work is being done:		Zip Code:
Owners First Name:	Last Name:	Phone:
Owners Address (if different from above address):		

CONTRACTORS INFORMATION:	Contractors Business Name	City License Number
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall/Lathing		
Demolition		
Other		

SCOPE OF WORK TO BE DONE:

Detailed Description of Work:
MUST ATTACH DETAILED SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO Est. Value of Work \$

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 authorized agent 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 this permit.

SIGNATURE OF APPLICANT	ADDRESS OF APPLICANT	PHONE
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PRINT NAME: _____

OFFICE USE ONLY:

Map/Parcel	Zoning	Ward	Flood Plain

APPROVALS:

Engineering Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Planning Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Code Enforcement Approval Notes:

Signature of person reviewing: _____ **DATE**

VALIDATION:

Permit Number:	Fee
Other:	Fee
Stop Work Order:	Fee

Application Accepted and Processed By: _____

Total Fee

Approved By: _____ **DATE**

Signature of Person Picking Up Building Permit: _____ **DATE**

Print Name of Person Picking up Permit: _____



STORM WATER PERMIT APPLICATION

278 Greenbag Road ♦ Post Office Box 852 ♦ Morgantown, WV 26507-0852 ♦ 304-292-8443 ♦ Fax 304-292-1526

PERMIT INFORMATION (Please Print Clearly or Type):

Applicant Name:		Address:	
City:	State:	Zip:	
Office Phone No.:	Home Phone No.:	Cell Phone No.:	
E-Mail Address:			

1. PROJECT INFORMATION:

<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other (multifamily, Comm., Industrial, Parking, Etc.)	<input type="checkbox"/> Site Plan Attached	<input type="checkbox"/> Storm Water Management Plan Attached	<input type="checkbox"/> Sedimentation and Erosion Control Plan Attached
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2. TYPE OF CONSTRUCTION:

<input type="checkbox"/> House	<input type="checkbox"/> Multifamily	<input type="checkbox"/> Comm. / Indust.	<input type="checkbox"/> Parking	<input type="checkbox"/> Other (Please Explain in #7)
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3. PROJECT ADDRESS:

Street Address:	City:	State:	Zip:
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4. LOT SURFACE COMPOSITION:

A. Pre Non-Impervious: _____ Sq. Ft.	B. Post Non-Impervious: _____ Sq. Ft.	C. Post Impervious: _____ Sq. Ft.
D. Pre Impervious: _____ Sq. Ft.	E. Total Site Area: _____ Sq. Ft.	F. Percent Impervious: _____ %

*** ALL GRAVEL SUBJECT TO VEHICLE TRAFFIC SHALL BE CONSIDERED IMPERVIOUS.**

5. CONTRACTOR INFORMATION:

Contractor:		Site Representative:	
Street Address:			
City:	State:	Zip:	
Phone (Ofc):	Phone (Cell):	Email:	

6. DEP Approval Required: 1-3 Acres – NOI; 3+ Acres – WVDEP Construction Stormwater Permit

Yes or No:	If Yes provided copy:
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7. ADDITIONAL INFORMATION ABOUT PROJECT (Please Explain in detail):

Printed Name:	Signature (Required):	Date:
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PROJECT EVALUATION (For Office Use Only):

PROJECT REQUIREMENTS:

<input type="checkbox"/> Sedimentation and Erosion Control	<input type="checkbox"/> Storm Water Management Plan	<input type="checkbox"/> Other (See Comments)
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ROOF DRAINS/DISCHARGE PIPE SHALL CONNECT TO:

<input type="checkbox"/> Ext. Storm Line	<input type="checkbox"/> Dry Well	<input type="checkbox"/> Ditch	<input type="checkbox"/> Stream	<input type="checkbox"/> Ground	<input type="checkbox"/> Other (See Comments)
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WATERSHED INFORMATION

Receiving Stream:	Impairment or TMDL:
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COMMENTS:

Service No.:	Permit No.:	Date Received:
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Reviewed By:	Date Reviewed:
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