

Village of Barboursville

721 Central Avenue • P.O. Box 266 • Barboursville, West Virginia 25504
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**APPLICATION FOR
PLAN EXAMINATION AND
BUILDING PERMIT**

IMPORTANT - Applicant to complete all items in sections: I, II, III, IV, and IX.

| | | |
|--------------------------------|---|-----------------------|
| I. LOCATION OF BUILDING | AT (LOCATION) _____ (NO.) _____ (STREET) _____ | ZONING DISTRICT _____ |
| | BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____ | |
| | SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____ | |

II. TYPE AND COST OF BUILDING - All applicants complete Parts A - D

| | | | |
|---|--|---|---|
| <p>A. TYPE OF IMPROVEMENT</p> <p>1 <input type="checkbox"/> New building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Wrecking (If multifamily residential, enter number of units in building in Part D, 13)</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Foundation only</p> | <p>D. PROPOSED USE - For "Wrecking" most recent use</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> </td> </tr> </table> | <p>Residential</p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family - Enter number of units - - - - -> _____</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory - Enter number of units - - - - -> _____</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input type="checkbox"/> Other - Specify _____</p> | <p>Nonresidential</p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify _____</p> |
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| <p>B. OWNERSHIP</p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p> | | | |

| | | |
|--|---------------------|---|
| <p>C. COST</p> <p>10. Cost of improvement..... \$ _____</p> <p><i>To be installed but not included in the above cost</i></p> <p>a. Electrical..... \$ _____</p> <p>b. Plumbing..... \$ _____</p> <p>c. Heating, air conditioning..... \$ _____</p> <p>d. Other (elevator, etc.)..... \$ _____</p> <p>11. TOTAL COST OF IMPROVEMENT \$ _____</p> | <p>(Omit cents)</p> | <p>Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---------------------|---|

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L; for wrecking, complete only Part J, for all others skip to IV.

| | | | |
|--|--|--|--|
| <p>E. PRINCIPAL TYPE OF FRAME</p> <p>30 <input type="checkbox"/> Masonry (wall bearing)</p> <p>31 <input type="checkbox"/> Wood frame</p> <p>32 <input type="checkbox"/> Structural steel</p> <p>33 <input type="checkbox"/> Reinforced concrete</p> <p>34 <input type="checkbox"/> Other - Specify _____</p> | <p>G. TYPE OF SEWAGE DISPOSAL</p> <p>40 <input type="checkbox"/> Public or private company</p> <p>41 <input type="checkbox"/> Private (septic tank, etc.)</p> | <p>J. DIMENSIONS</p> <p>48. Number of stories.....</p> <p>49. Total square feet of floor area, all floors, based on exterior dimensions.....</p> <p>50. Total land area, sq. ft.</p> | |
| <p>F. PRINCIPAL TYPE OF HEATING FUEL</p> <p>35 <input type="checkbox"/> Gas</p> <p>36 <input type="checkbox"/> Oil</p> <p>37 <input type="checkbox"/> Electricity</p> <p>38 <input type="checkbox"/> Coal</p> <p>39 <input type="checkbox"/> Other - Specify _____</p> | <p>H. TYPE OF WATER SUPPLY</p> <p>42 <input type="checkbox"/> Public or private company</p> <p>43 <input type="checkbox"/> Private (well, cistern)</p> | <p>K. NUMBER OF OFF-STREET PARKING SPACES</p> <p>51. Enclosed.....</p> <p>52. Outdoors.....</p> | <p>L. RESIDENTIAL BUILDINGS ONLY</p> <p>53. Number of bedrooms.....</p> <p>54. Number of bathrooms</p> <p style="margin-left: 100px;">} Full.....</p> <p style="margin-left: 100px;">} Partial.....</p> |
| <p>I. TYPE OF MECHANICAL</p> <p>Will there be central air conditioning?</p> <p>44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No</p> <p>Will there be an elevator?</p> <p>46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No</p> | | | |

NO. STREET

IV. IDENTIFICATION - To be completed by all applicants

| | Name | Mailing address - Number, street, city, and State | ZIP code | Tel. No. |
|-----------------------------|------|---|-----------------------|----------|
| 1. Owner or Lessee | | | | |
| 2. Contractor | | | Builder's License No. | |
| 3. Architect or 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 and we agree to conform to all applicable laws of this jurisdiction.

| | | |
|------------------------|---------|------------------|
| Signature of applicant | Address | Application date |
|------------------------|---------|------------------|

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD - For office use

| Plans Review Required | Check | Plan Review Fee | Date Plans Started | By | Date Plans Approved | By | Notes |
|-----------------------|-------|-----------------|--------------------|----|---------------------|----|-------|
| BUILDING | | \$ | | | | | |
| PLUMBING | | \$ | | | | | |
| MECHANICAL | | \$ | | | | | |
| ELECTRICAL | | \$ | | | | | |
| OTHER _____ | | \$ | | | | | |

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

| 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 | | | | | WRECKING | | | | |
| OTHER _____ | | | | | OTHER _____ | | | | |

VII. VALIDATION

| | |
|---|---|
| Building Permit number _____ Building Permit issued _____ 19 _____ Building Permit Fee \$ _____ Certificate of Occupancy \$ _____ Drain Tile \$ _____ Plan Review Fee \$ _____ | <p style="text-align: center;"><u>FOR DEPARTMENT USE ONLY</u></p> Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____ |
| Approved by: _____ _____ <p style="text-align: center;">TITLE</p> | |