

APPLICATION DATE: _____
DATE ISSUED: _____

BUILDING PERMIT APPLICATION
CITY OF NEW MARTINSVILLE
191 MAIN STREET, MUNICIPAL BUILDING
NEW MARTINSVILLE, WV 26155
PHONE: (304) 455-9120, FAX: (304) 455-9123

PERMIT NO: _____
FEE: _____
DATE PAID: _____

IMPORTANT INSTRUCTIONS – READ BEFORE PROCEEDING WITH APPLICATION:

NO PERSON SHALL CONSTRUCT, ALTER OR ADD TO ANY BUILDING UNLESS HE SHALL FIRST OBTAIN FROM THE RECORDER OF THE COMMON COUNCIL A BUILDING PERMIT (CITY CODE §5-12).
ALL GENERAL CONTRACTORS AND SUB-CONTRACTORS MUST OBTAIN CITY LICENSE BEFORE ANY WORK IS STARTED IN THE CORPORATE LIMITS OF THE CITY OF NEW MARTINSVILLE (CITY CODE §6-35A).
ALL BLANKS ON THIS APPLICATION MUST BE COMPLETED (WHERE APPLICABLE). SECTION REGARDING BUSINESS & OCCUPATION TAX MUST BE COMPLETED IN FULL. BUILDING PERMIT WILL NOT BE ISSUED UNLESS COMPLETED PROPERLY. PROPERTY OWNER AND CONTRACTOR MUST SIGN APPLICATION.

DESCRIPTION OF PROPERTY:

PROPERTY OWNER _____ EXACT LOCATION OF CONSTRUCTION _____
ADDRESS _____ PHONE _____

IS PROPERTY LOCATED IN THE FLOOD PLAIN? YES ___ OR NO ___. IF YES, THIS APPLICATION CAN ONLY BE USED FOR REPAIRS AND/OR REMODELING UP TO 50% OF MARKET VALUE OF PROPERTY. ANY ADDITIONS, SUBSTANTIAL IMPROVEMENTS OR NEW CONSTRUCTION REQUIRES DIFFERENT FLOOD PLAIN APPLICATION.

NOTE: PLANS FOR ANY BUILDING OF ASSEMBLY (STRUCTURES WITH CAPACITY OF 100 PERSONS OR MORE) MUST BE SUBMITTED TO THE STATE FIRE MARSHALL FOR APPROVAL.

TOTAL COST OF CONSTRUCTION: \$ _____

PURPOSE OF CONSTRUCTION:

___ RESIDENTIAL ___ COMMERCIAL ___ INDUSTRIAL
___ NEW CONSTRUCTION (SHOW ON DIAGRAM PAGE & ATTACH DETAILED PLANS)
___ ADDITION (SHOW ON DIAGRAM PAGE & ATTACH DETAILED PLANS)
___ REMODELING/REPAIRS (GIVE FULL & DISTINCT STATEMENT BELOW): _____

BUILDING PERMIT FEE (CITY CODE §5-17)

___ RESIDENTIAL ___ COMMERCIAL
\$501.00 TO \$1,000.00.....\$ _____
___ X \$ _____ \$ _____
TOTAL DUE.....\$ _____

___ DEMOLITION (GROUND MUST BE LEVELED AFTER DEMOLITION IS COMPLETE)
WHAT IS BEING DEMOLISHED? _____
MANNER OF DEMOLITION? _____
DISPOSITION OF MATERIALS? _____

ANY ASBESTOS REMOVAL ON THIS PROJECT? YES ___ OR NO ___. IF YES, EXPLAIN DISPOSAL PROCEDURE _____

CONTRACTOR INFORMATION:

GENERAL CONTRACTOR _____ PHONE _____
ADDRESS _____
CONTRACTOR LICENSE NUMBERS: STATE LICENSE NO: _____ CITY LICENSE NO: _____
NOTE: SUBCONTRACTORS MUST BE LISTED ON PAGE 3, ALL SUBCONTRACTORS MUST BE LICENSED WITH THE STATE AND CITY BEFORE WORKING ON THIS PROJECT.

INDEMNIFICATION/COMPLIANCE:

I (WE), THE UNDERSIGNED, HEREBY AGREE THAT IN ACCEPTING A PERMIT FROM THE CITY BUILDING INSPECTOR FOR THE AOVE, TO INDEMNIFY AND HOLD THE CITY OF NEW MARTINSVILLE AND IT'S OFFICIALS AND REPRESENTATIVES HARMLESS AGAINST ALL CLAIMS, WARRANTS, DEMANDS, CAUSES OF ACTION OR SUITS ARISING FROM OR OCCASIONED BY THE WORK WHICH SHALL BE SUBJECT OF THE PERMIT.

IN CONSIDERATION OF PERMISSION GIVEN I (WE), HEREBY AGREE TO CONSTRUCT SAID WORK IN ALL RESPECTS IN COMPLIANCE WITH THE CITY OF NEW MARTINSVILLE BUILDING ORDINANCE AND FLOODPLAIN MANAGEMENT ORDINANCE AS OUTLINED IN THE CITY CODE AND AS ADOPTED BY THE COMMON COUNCIL OF THE CITY OF NEW MARTINSVILLE.

SIGNED _____
(PROPERTY OWNER)

BY _____ ITS _____
DATE _____

SIGNED _____
(CONTRACTOR)

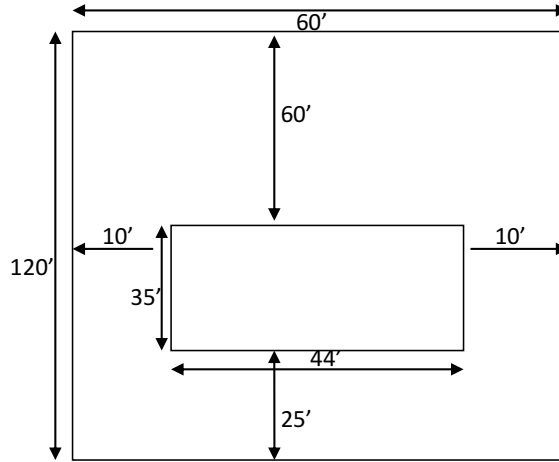
BY _____
ITS _____
DATE _____

BEFORE DIGGING OR OTHERWISE DISTURBING THE EARTH, CALL 1-800-245-4848 TO NOTIFY MANY UNDERGROUND OWNERS – FREE SERVICE

PERMIT WILL BECOME NULL AND VOID IF CONSTRUCTION WORK IS NOT STARTED WITHIN 6 MONTHS OF THE DATE THE PERMIT IS ISSUED.

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EXAMPLE.....



STREET NAME: _____

USE SPACE BELOW AS OUTLINE OF LOT (SHOW ANY EXISTING STRUCTURES). SKETCH IN PROPOSED CONSTRUCTION. SHOW STREET NAME(S) ON OUTSIDE OF BLOCK. ARCHITECTURAL DRAWING MUST BE ATTACHED ON ALL COMMERCIAL OR INDUSTRIAL BUILDING BUT WE REQUIRE THIS SKETCH SO THAT SET-BACKS, ETC. CAN BE READILY SEEN.

LOT(S) SIZE:

____ X ____ = _____ S.F.

SHOW ANY EASEMENTS OR RIGHTS-OF-WAY ON SKETCH

BUILDING:
WIDTH _____
LENGTH _____
HEIGHT _____

SETBACKS FROM PROPERTY LINE:
FRONT _____
REAR _____
LEFT SIDE _____
RIGHT SIDE _____

NOTE: CORNER LOTS SHALL HAVE A SIDE SETBACK OF THE SAME DIMENSION AS FRONT SETBACK.

DOES BUILDING COMPLY WITH FIRE REGULATIONS?
YES ____ NO ____

HOW CLOSE TO NEAREST FIRE HYDRANT? _____ FT.

ADDITIONAL INFORMATION: WATER AND SEWER LOCATIONS TO BE FURNISHED TO THE WATER & SEWER DEPARTMENT AT THE TIME OF INSTALLATION. APPLY FOR TAPS AND THE BILLING OFFICE IN THE MUNICIPAL BUILDING.

ELECTRIC SERVICE: APPLY FOR SERVICE AT THE BILLING OFFICE IN THE MUNICIPAL BUILDING IS IN CITY DISTRIBUTION SYSTEM AREA.

ADDITIONAL INFORMATION FROM APPLICANT: _____

**CITY OF NEW MARTINSVILLE
BUILDING PERMIT APPLICATION – PAGE 3**

BUSINESS & OCCUPATION TAX INFORMATION:

OWNER IS REQUIRED TO SEE THAT CITY BUSINESS & OCCUPATION TAX IS PAID IN FULL BEFORE FINAL PAYMENT IS MADE TO GENERAL CONTRACTOR AND/OR INDIVIDUAL CONTRACTOR NOT AFFILIATED WITH GENERAL CONTRACTOR. GENERAL CONTRACTOR SHALL BE RESPONSIBLE FOR SEEING THAT HIS SUBCONTRACTORS PAY THE CITY BUSINESS & OCCUPATION TAX AND SHOULD WITHHOLD FROM FINAL PAYMENT UNTIL PAID. A TAX RELEASE MUST BE OBTAINED FROM CITY RECORDER.

CITY LICENSE:

ALL CONTRACTORS AND SUBCONTRACTORS MUST OBTAIN A CITY LICENSE BEFORE DOING ANY WORK IN THE CORPORATE LIMITS OF THE CITY OF NEW MARTINSVILLE. LICENSES CAN BE PURCHASED FROM CITY RECORDER...COST \$75.50/FISCAL YEAR.

THIS SECTION TO BE COMPLETED BY GENERAL CONTRACTOR:

LIST OF SUB – CONTRACTORS ON THIS PROJECT:

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License
No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License
No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License
No. _____

Name _____ Address _____
Office Phone _____ Contract Amount _____
State License No. _____ City License No. _____

ALL SUB-CONTRACTORS MUST BE LISTED. IF MORE ROOM IS NEEDED PLEASE USE BACK OF THIS SHEET.

Responsibility for City of New Martinsville Business & Occupation Tax payments is hereby acknowledged.

(GENERAL CONTRACTOR)

BY _____
IT'S _____

(NAME)

(TITLE)

**CITY OF NEW MARTINSVILLE
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(NEW CONSTRUCTION, GARAGES, POOLS, STORAGE BUILDING, ANY ADDITIONS TO BUILDING AND DEMOLITION)

CITY DEPARTMENT HEAD APPROVAL (NEW CONSTRUCTION ONLY):

DATE: _____
(ELECTRIC DEPARTMENT MANAGER)

REMARKS: _____

DATE: _____
(FIRE CHIEF)

REMARKS: _____

DATE: _____
(STREET COMMISSIONER)

REMARKS: _____

DATE: _____
(WATER & SEWER SUPERINTENDENT)

REMARKS: _____

FINAL APPROVAL:

DATE: _____
(BUILDING AND SAFETY INSPECTOR)

NOTE:

ALL PRECEDING PAGES MUST BE COMPLETED BEFORE BUILDING PERMIT IS ISSUED.

BUILDING PERMIT MUST BE POSTED BEFORE ANY WORK IS STARTED.

Hazardous Materials Notification

The City of New Martinsville Building Department is issuing this Building Permit to:

(OWNER) _____ . PLEASE PRINT

For the purpose of renovating this Structure known as:

(ADDRESS) _____ . PLEASE PRINT

In issuing this permit the City of New Martinsville Building Department has informed the home owner and or the contractor that the removal of any debris or disturbance of any material that could be suspect to containment of asbestos fibers or any other toxic materials is required by State Law to be tested for such contaminants before any disturbance of such materials.

The Building Department is assuming that all test requirements for any toxic materials are addressed and any materials found to be hazardous are removed in a proper manner by a licensed professional or by the guidelines set forth by the West Virginia Department of Environmental Protection which allows the (home owner) to remove such materials on his or her own, providing that all safe handling practices of the materials are observed.

The lists of materials which are considered to be possible sources of toxic material, but is not limited to or all inclusive is listed below:

- Any roofing material regardless of its age or when it was installed.
- Any paint or caulking materials or mastics.
- Any linoleum based flooring.
- Any siding materials, not including vinyl or aluminum.
- Some gypsum type wall board materials.
- Any pipe insulation and some piping materials.

Please be aware that the Building Department has no enforcement powers pertaining to the above requirements. This notice is issued to inform the owner that the State Laws mandating these regulations require the home owner to follow the requirements mandated by the State and the home owner can be held liable for any actions that would violate these laws.

Joseph C. Hanna

Building & Safety Inspector
City of New Martinsville

PLEASE READ THIS NOTICE. SIGN BELOW THAT YOU UNDERSTAND AND TO ACKNOWLEDGE THAT YOU WERE INFORMED BY THE CITY. PLEASE RETURN IT TO US WITH YOUR BUILDING PERMIT APPLICATION. THANK YOU.

DATE: _____

SIGNATURE: _____

PLEASE CALL 304-455-9120, IF YOU WOULD LIKE TO HAVE ASBESTOS TESTING DONE BY A CITY EMPLOYEE PRIOR TO PROCEEDING WITH YOUR PROJECT AT AN AVERAGE COST OF \$20.00.