

PERMIT NUMBER
 EXPIRATION IN ACCORDANCE
 WITH R105.0 (IRC OR IBC)

**APPLICATION FOR
 BUILDING PERMIT**

City of Lewisburg
 942 Washington Street, West
 Lewisburg, WV 24901
 304-645-2080

TYPE OF PERMIT

- Residential Single Family Other (please describe): _____
 Commerical Multi-family
 Industrial Tent

APPLICATANT/CONTRACTOR INFORMATION

Property Owner: _____
 Owner's Address: _____ Owner's Phone: _____

 Site Address: _____ Owner's Email: _____
 General Contractor Business Name: _____ Contractor's Phone: _____
 General Contractor name: _____
 Address: _____ Contractor's Email: _____
 _____ City License # _____

DESCRIPTION OF WORK

- New Construction Electric Framing Other: (please Specify) _____
 Repairs Plumbing HVAC

Description of work to be done: _____

 Square Footage of Structure: _____ Tax Map _____ Parcel _____
 Square Footage of Site: _____
 Zoning District: _____
 Setbacks Required: Front: _____ Rear/Side: _____ Setbacks Existing: Front: _____ Rear: _____
 Start Date: _____ Side Left: _____ Side Right: _____
 Completion Date: _____

ITEMS REQUIRED WITH APPLICATION	VALUE OF IMPROVEMENTS
1. (2) Sets of Construction Plans 2. (2) Site Plans (Drawn to Scale) showing location of proposed structure on lot, distances from all lot lines, location of any existing structures on lot 3. List of all sub-contractors	Total Cost of Labor and Material: \$ _____
	Building Application Fee: \$ _____
	B&O Tax: \$ _____
	Total: \$ _____

ADDITIONAL CONTRACTORS LIST

Trade	Contractor Business Name	Address & Phone #	City License#	Cost Per Trade	B&O Tax

APPLICATION CERTIFICATE

I hereby certify that I am the owner of record of the named property, or authorized by the owner of record to act in his or her behalf as the owner's agent to make this application. I hereby covenant and agree to comply with all Federal, State, and Local laws in particular the State of West Virginia and the ordinances of The City of Lewisburg and in addition: to install, erect, repair, remodel or construct the proposed project in accordance with the plans and specifications submitted herein, and in accordance with the adopted building codes, and certify that the information and statements given on this application, drawings and specifications provided are to the best of my knowledge true and correct. In signing I acknowledge having read and fully understood this document.

I, the undersigned applicant, hereby indemnify the City of Lewisburg against harm, loss or damage during or subsequent to, the exercise of this permit, and understand that issuance of the permit, approvals and any inspection pursuant to this permit shall not be construed as imposing any liability whatever upon the City of Lewisburg for any damage or injury which may occur during or as a result of the conduct of any work under this permit.

Applicants Name (Please Print): _____
 Signature: _____ Date: _____

APPROVALS

Planning/Zoning Officer: _____ Date: _____
 Building Inspector: _____ Date: _____
 State Fire Marshall (Plans Received): _____ Date: _____
 Historic Landmark Commission: _____ Date: _____