



**City of South Charleston
Application for Building Permit**

**4TH Avenue & D Street, P.O. Box 8597
South Charleston, WV 25303
Phone: 304-720-5985
Fax: 304-720-5989**

Property Owner		\$		
		Cost Of Improvement		
Name		Street Address		

Phone	Alternate Phone	City	State	Zip
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By signing below, I certify the information herein to be true and correct.

Signature Of Applicant	Date
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Construction Documents

Construction Drawings Prepared By	<input type="checkbox"/> Owner <input type="checkbox"/> Professional Architect <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Plan Service <input type="checkbox"/> General Contractor <input type="checkbox"/> Other <input type="checkbox"/> No Construction Documents
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General Contractor

Name		Street		
Phone	Alternate Phone	City	State	Zip
WV Contractors License Number		South Charleston Contractors License Number		

Type Of Improvement

<input type="checkbox"/> Earthwork	<input type="checkbox"/> Demolition	<input type="checkbox"/> Clearing
<input type="checkbox"/> New Building	<input type="checkbox"/> Drive / Walk / Patio	<input type="checkbox"/> Fencing
<input type="checkbox"/> Building Addition	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Kitchen Remodel
<input type="checkbox"/> Deck (less than 3' high)	<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Bathroom Remodel
<input type="checkbox"/> Deck (more than 3' high)	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Electric Improvements
<input type="checkbox"/> Pool	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Plumbing Improvements
<input type="checkbox"/> Parking	<input type="checkbox"/> Gutter Replacement	<input type="checkbox"/> HVAC Improvements
<input type="checkbox"/> Roof Replacement	<input type="checkbox"/> Siding	<input type="checkbox"/> Other



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Work Performed By				
Owner	General	Sub	Type Of Work	Name Of Subcontractor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demolition	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Earthwork	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paving	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilities	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foundation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reinforcing Steel	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steel	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood Framing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rough Carpentry	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finish Carpentry	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Wall Covering	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Casework	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Wall Covering	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gutters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fascia and Soffit	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	