

**CITY OF SOUTH CHARLESTON
APPLICATION FOR BUILDING PERMIT**

Property Owner				
		\$ Cost Of Improvement		
Name		Street Address		
Phone	Alternate Phone	City	State	Zip

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

General Contractor

Name		Street		
Phone	E Mail	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

