



PO Box 1627
 #1 Government Square
 Parkersburg WV 26101
 (304) 424-8537

Code Department Building Permit Application

Applicant Name: _____ **Permit #** _____

Applicant Address: _____

Phone Number: () _____

Job Address: _____

Property Owner Name: _____

Property Owner Phone #: () _____

Project Start Date: _____ **Permit Cost** \$ _____

Valuation: \$ _____ **Zoning Fee** \$ _____

Contractor (If applicable) _____

Contractor Address: _____

Scope of Work: _____

Applicant Signature **Date**

I have reviewed all required documentation and approve the application for a Building Permit at this location.

Code Administrator Signature **Date**

<i>For Finance Department Use Only</i>	
UB Account Balance	\$ _____
AR Account Balance	\$ _____
B&O/User Fees Balance	\$ _____
Permit Fees Due	\$ _____
Payment Amount	\$ _____
Permit (Circle one)	Issued / Denied
Signature	Date