

# Application for a Permit to Construct

This form is authorized under Section 1721 of the Codified Ordinances of the Town of Eleanor.

For use by the Town of Eleanor	
Application number:	Permit number (if different):
Date received:	Receipt number:

Application submitted to: TOWN OF ELEANOR, P.O. Box 185, Eleanor, West Virginia 25070

A. Project information			
Building number, street name			Lot Size
Dwelling Size	No. Stories	Basement	
Garage	Attached	Project Value \$	
B. Applicant			
Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Business Name	
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
C. Owner (if different from applicant)			
Last name	First name	Business Name	
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
D. Main Contractor			
Last name	First name	Business Name	
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
E. Sub-Contractor			
Last name	First name	Business Name	
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
F. Sub-Contractor			
Last name	First name	Business Name	
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	



## Schedule 1: Sewage System Installer Information

<b>A. Project Information</b>			
Building number, street name		Unit number	Lot Size
City	State	Zip Code	
<b>B. Sewage system installer</b>			
Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with West Virginia State Health Department?			
<input type="checkbox"/> Yes (Continue to Section C) <input type="checkbox"/> No (Continue to Section E) <input type="checkbox"/> Installer unknown at time of application (Continue to Section E)			
<b>C. Registered installer information (where answer to B is "Yes")</b>			
Name		BCIN	
Mailing address		Unit number	
City	State	Zip Code	E-mail
Telephone number (    )	Fax (    )	Cell number (    )	
<b>D. Qualified supervisor information (where answer to section B is "Yes")</b>			
Name of qualified supervisor(s)		Building Code Identification Number (BCIN)	
<b>E. Declaration of Applicant:</b>			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <ol style="list-style-type: none"> <li>1. The information contained in this schedule is true to the best of my knowledge.</li> <li>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</li> </ol>  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto;"> <div style="border-top: 1px solid black; width: 20%;"></div> <div style="border-top: 1px solid black; width: 60%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: auto; margin-right: auto; margin-top: 5px;"> <span>Date</span> <span>Signature of applicant</span> </div>			