

# 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 ( )	

<b>G. Electrician</b>			
Last name		First name	Business Name
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (     )	Fax (     )		Cell number (     )
<b>H. Plumber</b>			
Last name		First name	Business Name
Mailing address			Unit number
City	State	Zip Code	E-mail
Telephone number (     )	Fax (     )		Cell number (     )
<b>I. Purpose of application</b>			
<input type="checkbox"/> New construction <input type="checkbox"/> Addition to an existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Demolition <input type="checkbox"/> Conditional Permit			
Proposed use of building		Current use of building	
Description of proposed work			
<b>J. Flood Plain</b>			
i. Are there enclosed areas below Base Flood Elevations – Stairwells, sheds, garages, storage areas, crawl spaces?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Site plan or sketch shows location and size of building on the lot		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>K. Attachments</b>			
i. Attach Plat Plan if new construction is for home or business. ii. Attach Schedule 1 where application is to construct on-site, install or repair a sewage system. iii. Attach List of all Sub-Contractors along with copy of West Virginia Contractors License.			
<b>L. Declaration of applicant</b>			
I _____ certify that: (print name)			
1. The information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
_____		_____	
Date		Signature of applicant	

## 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; margin-top: 20px;"> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> <div style="width: 60%;"> <p>_____</p> <p>Signature of applicant</p> </div> </div>				