

# TOWN OF BANCROFT DEVELOPMENT PERMIT APPLICATION

## OWNER

## STRUCTURE OWNER

## PROPERTY OWNER

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL \_\_\_\_\_

TO WHOM SHOULD PERMIT BE MAILED?  STRUCTURE OWNER  PROPERTY OWNER  CONTRACTOR

## PREVIOUS PROPERTY OWNER

If present owner has owned this property less than 4 years, provide name of previous property

owner: \_\_\_\_\_

## CONTRACTOR

(builder of new construction or mobile home dealer and/or mover)

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

### FOR OPI USE ONLY:

Valid Contractor License on file.

Verified by: \_\_\_\_\_

WV CONTRACTOR LICENSE # \_\_\_\_\_ WV MANUFACTURED HOUSING BOARD # \_\_\_\_\_

**NOTE: If setting up a manufactured home, the WV Manufactured Housing Board # is also required.**

## SITE INFORMATION

SITE ADDRESS \_\_\_\_\_

Subdivision Name or Manufactured Home Park \_\_\_\_\_  
Number [Rt/Box or House] Street/Road City Zip Code

TAX MAP # \_\_\_\_\_ PARCEL # \_\_\_\_\_ PRIMARY/COUNTY ROAD ACCESS: \_\_\_\_\_  
LOT # LOT SIZE:

DIRECTIONS TO SITE: \_\_\_\_\_

## TYPE OF DEVELOPMENT:

Please check and complete all that apply:

- RESIDENTIAL
  - Single Family
  - Single Family/Duplex
  - Multi-family (*COMPLETE Multi-Family Section, page 2*)
- ADDITION FOR RESIDENTIAL STRUCTURE:
  - Porch  Room(s)  Attached Garage
  - Construction costs are over 50% of the market value of the existing structure
  - Construction costs are under 50% of the market value of the existing structure
- ACCESSORY:
  - Detached Garage  Fence
  - Storage Building  Other (list) \_\_\_\_\_
- BILLBOARD SIGN
- TELECOMMUNICATIONS TOWER
- BRIDGE
- MANUFACTURED HOME
- COMMERCIAL (*COMPLETE Commercial Section, pg 2*)
- ADDITION FOR COMMERCIAL STRUCTURE
  - TYPE OF ADDITION: \_\_\_\_\_
  - Construction costs are over 50% of the market value of the existing structure
  - Construction costs are under 50% of the market value of the existing structure
- INDUSTRIAL (*COMPLETE Industrial Section, page 2*)
- TEMPORARY STRUCTURE

ESTIMATED CONSTRUCTION COSTS (LABOR & MATERIAL): \_\_\_\_\_

## WATER/SEWER/SEPTIC

WATER SOURCE (Name of Public Service District or Water Co.) \_\_\_\_\_

SEWER SOURCE \*\* (Name of Public Service District or write Septic, if septic system\*\*) \_\_\_\_\_

\*\*SEPTIC - If your structure will be served by an individual sewage disposal system HEALTH DEPARTMENT APPROVAL IS REQUIRED. Contact the Putnam County Health Department, (304) 757-2541.

### PUTNAM COUNTY HEALTH DEPARTMENT APPROVAL

APPROVE CONDITION(S) \_\_\_\_\_  
 DISAPPROVE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
 Putnam County Health Department Official Date \_\_\_\_\_

**PLEASE COMPLETE THIS SECTION FOR: COMMERCIAL, INDUSTRIAL, MULTI-FAMILY, AND/OR FACTORY-BUILT RENTAL COMMUNITY NEW CONSTRUCTION**

MULTI-FAMILY:

TOWNHOUSE : NUMBER OF DWELLING UNITS: \_\_\_\_\_

APARTMENT: NUMBER OF DWELLING UNITS: \_\_\_\_\_

CONDOMINIUM: NUMBER OF DWELLING UNITS: \_\_\_\_\_

COMMERCIAL: NUMBER OF SEPARATE BUSINESSES \_\_\_\_\_

TYPE OF BUSINESS(ES) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDUSTRIAL: NUMBER OF SEPARATE BUSINESSES \_\_\_\_\_

TYPE OF INDUSTRY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FACTORY-BUILT RENTAL COMMUNITY: COMMUNITY NAME \_\_\_\_\_

**NOTICE:**

1. If the Putnam County Planning Commission staff *cannot* determine if a proposed development is located in the floodplain, it shall require the applicant to have, at the applicant's expense, a certified engineer or surveyor determine if the proposed development is located in the floodplain. A certified engineer or surveyor shall use the Floodplain District Certification, and if located in a floodplain, the applicant shall be required to complete a FEMA Certification.
2. This permit becomes null and void if work or construction authorized is not commenced within six (6) months or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is started, unless extension is required.

*I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.*

**Signature:**

**Date:**

Check One:  Property Owner       Contractor       Agent       Other - List: \_\_\_\_\_

**RETURN TO:** OFFICE OF PLANNING AND INFRASTRUCTURE Telephone: (304) 586-0237 / FAX: (304) 586-0200  
Putnam County Courthouse Monday - Friday, 8:00 am to 4:00 pm  
12093 Winfield Road  
Winfield, West Virginia 25213

**MAKE CHECKS PAYABLE TO: PUTNAM COUNTY COMMISSION**

**TO BE COMPLETED BY TOWN:**

MANUFACTURED HOME SITE:  APPROVED      SEWER SERVICE:  AVAILABLE  
 DISAPPROVED       NOT AVAILABLE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PERMIT OFFICER:**

<b>FEE:</b> _____	<b>AMOUNT PAID:</b> _____	<b>CASH</b> <input type="checkbox"/>	<b>CHECK</b> <input type="checkbox"/>	<b>CHECK #</b> _____
<b>RECEIPT#:</b> _____	<b>DATE PAID:</b> _____	<b>INVOICE#:</b> _____		
<b>TAX MAP</b> _____	<b>PARCEL</b> _____	<b>FEMA PANEL</b> 54079C-	<b>FLOOD ZONE</b> _____	
<b>COMMENTS:</b> _____				
SEE ATTACHMENT FOR CONDITIONS				
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED		
_____	_____	<b>DEVELOPMENT PERMIT #</b> _____		
<b>PERMIT OFFICER</b>	<b>DATE</b>			