

TOWN OF BUFFALO DEVELOPMENT PERMIT APPLICATION

OWNER

STRUCTURE OWNER

PROPERTY OWNER (if different than structure)

NAME _____
 ADDRESS _____
 PHONE _____
 FAX _____ CELL _____
 EMAIL _____

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 _____
Number [Rt/Box or House] Street/Road City Zip Code
 SUBDIVISION NAME OR _____
 MANUFACTURED HOME PARK _____ LOT # _____ LOT SIZE: _____
 TAX MAP # _____ PARCEL # _____ PRIMARY/COUNTY ROAD ACCESS: _____
 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
Putnam County Courthouse
12093 Winfield Road
Winfield, West Virginia 25213

Telephone: (304) 586-0237 / FAX: (304) 586-0200
Monday - Friday, 8:00 am to 4:00 pm

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:

FEE: _____ **AMOUNT PAID:** _____ **CASH** **CHECK** **CHECK #** _____

RECEIPT#: _____ **DATE PAID:** _____ **INVOICE#:** _____

TAX MAP _____ **PARCEL** _____ **FEMA PANEL** 54079C- _____ **FLOOD ZONE** _____

COMMENTS: _____

SEE ATTACHMENT FOR CONDITIONS

APPROVED DISAPPROVED

_____ **PERMIT OFFICER** _____ **DATE** _____ **DEVELOPMENT PERMIT #** _____