

# 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.

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

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

**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:

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

