

NOTE: This application must be APPROVED by the Office of Planning & Infrastructure PRIOR to any renovations or moving in.

Date complete application received in OPI: _____

Date approved: _____

Date mailed: _____

PUTNAM COUNTY ZONING PERMIT APPLICATION

BUSINESS PERMIT/CHANGE OF LAND USE

FOR SITE PLAN REVIEW

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT NOTE:

The applicant for this Special Permit MUST be the owner, lessee, or other person having a legal or equitable interest in the subject property.

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

PROPERTY OWNER

(if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

BUSINESS OWNER

(if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

LESSEE:

MUST SUBMIT COPY OF SIGNED LEASE

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

GENERAL CONTRACTOR

FOR OPI USE ONLY:

Valid Contractor License on file.

Verified by: _____

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)
WV CONTRACTOR LICENSE NUMBER _____

NAME OF BUSINESS

(name of business that will occupy this location)

LOCATION OF BUSINESS AND/OR CHANGE OF LAND USE

ADDRESS _____
DIRECTIONS: _____

TAX MAP _____ PARCEL # _____
MULTI-TENANT COMPLEX NAME: _____

NOTE: Be sure to read and complete pages 2 and 3.

COMPLETE THIS SECTION FOR NEW CONSTRUCTION OF: COMMERCIAL, INDUSTRIAL, MULTI-FAMILY, LEASE COMMUNITY, and/or MANUFACTURED HOME PARK

Check and complete all that apply:

WILL THE PROPERTY BE LEASED OWNED

PRIOR LAND USE(S) _____

PROPOSED LAND USE(S) _____

NAME OF DEVELOPMENT _____

MULTI-FAMILY:
 TOWNHOUSE : NUMBER OF DWELLING UNITS: _____
 APARTMENT: NUMBER OF DWELLING UNITS: _____
 CONDOMINIUM: NUMBER OF DWELLING UNITS: _____

COMMERCIAL: TYPE OF BUSINESS(ES) _____
 NUMBER OF SEPARATE BUSINESSES _____

INDUSTRIAL: TYPE OF INDUSTRY _____
 NUMBER OF SEPARATE COMPANIES _____

LEASE COMMUNITY: COMMUNITY NAME _____

MANUFACTURED HOME PARK: PARK NAME _____

ALL APPLICATIONS FOR PERMITS FOR COMMERCIAL, INDUSTRIAL, MULTI-FAMILY, LEASE COMMUNITY STRUCTURES, and/or MANUFACTURED HOME PARK: THE SURVEY PLAT MUST INCLUDE ALL APPLICABLE INFORMATION WITHIN THIS SECTION.

1. Three copies of a site plan drawn to a scale of one inch equals fifty feet or larger on a survey plat. The survey plat must bear the name, signature and seal of a licensed land surveyor or engineer licensed by the State of West Virginia along with the following information.
 - A. tax map and parcel number
 - B. total square footage of the lot
 - C. percent of lot covered by impervious surfaces
 - D. exact sizes and locations on the lot of existing structures, if any
 - E. location and dimensions of the proposed structure or alteration
 - F. square footage of proposed structure or alteration
 - G. height of proposed structure
 - H. setbacks
 - I. location of rights-of-way and easements
 - J. street typical for internal roadways
 - K. location and width of driveways
 - L. curb radii
 - M. aisle width
 - N. vision field
 - O. location and dimensions of parking spaces
 - P. number of employees, families, examination rooms, housekeeping units, bedrooms, or rental units the structure is designed to accommodate
 - Q. raised islands around perimeter of parking areas and end of parking aisles
 - R. wheel barriers
 - S. buffer yard
 - T. location and type of screening
 - U. landscaping
 - V. location and size of utility lines
 - W. location of fire hydrant
 - X. location and size of drainage easements
 - Y. drainage facilities
 - Z. sign location
 - AA. garbage collection area location and screening
 - BB. signature of developer
2. Sign plan
3. Landscaping plan
4. Drainage analysis, drainage plan and drainage calculations that bear name, address, signature, and seal of a registered professional engineer
5. Design of storm water detention facility that bear the name, address, signature, and seal of applicable registered professional engineer, if applicable
6. Approval of water and sewer plans
7. WV Division of Highways Access Permit, if applicable
8. State of West Virginia NPDES General Permit for Storm Water Associated with Construction Activity, if applicable. If the NPDES permit is not applicable, approval of a sediment control plan by the WV Soil Conservation Agency.

NOTES:

1. Other information may be required by the Planning Commission Officer to determine conformance with county requirements.
2. Where the Planning Officer determines that any of the items listed above is unnecessary, he may waive its requirement.
3. No site plan shall be accepted unless it is complete and is verified as to the correctness of information given by the signature of the developer.

**DESCRIPTION OF
BUSINESS AND/OR
CHANGE OF LAND
USE**

PRIOR BUSINESS AND/OR LAND USE _____

PROPOSED BUSINESS AND/OR LAND USE _____

_____ NUMBER OF EMPLOYEES _____ GROSS SQUARE FOOTAGE OF BUSINESS USE

_____ LINEAR FEET OF BUSINESS STREET FRONTAGE

DOES A RESIDENTIAL PROPERTY ADJOIN THIS PROPERTY ALONG ANY COMMON PROPERTY LINE?
 YES NO

IF YES, PLEASE CALL THE OFFICE OF PLANNING AND INFRASTRUCTURE AT 586-0237 FOR POTENTIAL BUFFERING REQUIREMENTS .

IS THE PARKING LOT PAVED? YES NO

_____ NUMBER OF PARKING SPACES DELINEATED ON THE PARKING LOT

_____ NUMBER OF HANDICAPPED PARKING SPACES

DO YOU LEASE OR OWN THE BUILDING/PROPERTY?
 LEASE OWN OTHER _____

NOTICE

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

Address

Date: _____

- CHECK ALL THAT APPLY:
- I am the applicant.
 - I am the business owner.
 - I am the property owner.
 - I am the contractor.
 - I am an agent. If an agent, for whom:

PLANNING COMMISSION USE:

FEE: _____	RECEIPT # _____	INVOICE # _____
AMOUNT PAID: _____	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/>
	CHECK # _____	DATE: _____

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

- PERMITTED PRINCIPAL USE PERMITTED ACCESSORY USE SPECIAL PERMIT USE NONCONFORMING USE
- Use _____ Use _____ Use _____ Use _____

COMMENTS: _____

SEE ATTACHMENT FOR CONDITIONS

DATE OF APPROVAL: _____ ZONING PERMIT #: _____

PERMIT OFFICER