

# TOWN OF BUFFALO DEVELOPMENT PERMIT APPLICATION

## OWNER

## STRUCTURE

## PROPERTY (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<br><input type="checkbox"/> Single Family<br><input type="checkbox"/> Single Family/Duplex<br><input type="checkbox"/> Multi-family ( <i>COMPLETE Multi-Family Section, page 2</i> )<br><input type="checkbox"/> ADDITION FOR RESIDENTIAL STRUCTURE:<br><input type="checkbox"/> Porch <input type="checkbox"/> Room(s) <input type="checkbox"/> Attached Garage<br><input type="checkbox"/> Construction costs are over 50% of the market value of the existing structure<br><input type="checkbox"/> Construction costs are under 50% of the market value of the existing structure<br><input type="checkbox"/> ACCESSORY:<br><input type="checkbox"/> Detached Garage <input type="checkbox"/> Fence<br><input type="checkbox"/> Storage Building <input type="checkbox"/> Other (list) _____ | <input type="checkbox"/> BILLBOARD SIGN<br><input type="checkbox"/> TELECOMMUNICATIONS TOWER<br><input type="checkbox"/> BRIDGE<br><input type="checkbox"/> MANUFACTURED HOME<br><input type="checkbox"/> COMMERCIAL ( <i>COMPLETE Commercial Section, pg 2</i> )<br><input type="checkbox"/> ADDITION FOR COMMERCIAL STRUCTURE<br>TYPE OF ADDITION: _____<br><input type="checkbox"/> Construction costs are over 50% of the market value of the existing structure<br><input type="checkbox"/> Construction costs are under 50% of the market value of the existing structure<br><input type="checkbox"/> INDUSTRIAL ( <i>COMPLETE Industrial Section, page 2</i> )<br><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, 4237 St Rt 34, Hurricane, WV 25526**

### 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

Form with checkboxes for MULTI-FAMILY (Townhouse, Apartment, Condominium), COMMERCIAL (Separate Businesses, Type of Business), INDUSTRIAL (Separate Businesses, Type of Industry), and 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.
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 of: Check One Box Below

Date

Check One: Property Owner Contractor Agent Other - List:

RETURN TO: OFFICE OF PLANNING AND INFRASTRUCTURE Putnam County Courthouse 3389 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: PERMIT #

MANUFACTURED HOME SITE: APPROVED DISAPPROVED SEWER SERVICE: AVAILABLE 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

DEVELOPMENT PERMIT #

PERMIT OFFICER

DATE