

CITY OF ST. ALBANS BUILDING DEPARTMENT
APPLICATION FOR RESIDENTIAL BUILDING PERMIT
(New Construction, Remodeling, Repairs, Excavation, Demolition)

Construction Address: _____

Kanawha Co. Tax Map & Parcel No.: _____

Property Owner's Name: _____

Property Owner's Address: _____

Owner's Phone: _____

Contractor: _____

Contractor's Phone: _____

New Addition Remodel/Repair Demolition Excavation

Floodway Plain: Yes (submit elevation certificate) No

Description of proposed work:

Construction Cost (labor and materials, subs): _____

Attach copy of contract for all projects valued at \$10,000.00 or more

Items required with application: (1) 2 sets of construction plans. (2) Site plans showing location of proposed structure or other excavation on lot, distances from all lot lines, location of any existing structures on lot, proposed parking, proposed sanitary sewer tap, location of storm sewer tap for downspouts and driveway drainage (3) Kanawha Co. tax map & parcel no. (4) Flood plain designation (5) List of all contractors and sub-contractors.

Signature of Authorized Representative

Date Submitted

The owner of this building and the above-signed, do hereby covenant and agree to comply with all the laws of the State of WV and the ordinances of the City of St. Albans pertaining to building, and to construct the proposed renovations, repairs, remodeling, or excavation in accordance with the plans and specifications submitted herewith, and in accordance with building codes adopted by the City of St. Albans, and certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge true and correct. All permits are subject to the approval of the Building Department. According to West Virginia Legislative Rules, Division of Health, Title 64, Series 63, 1998, Article 10.1.a it is the responsibility of the Owner to ensure that "each building or other man-made structure he or she owns is inspected for the presence of asbestos by a licensed asbestos inspector prior to any renovation or demolition activities." Asbestos removal requires a separate permit and disposal. The above signed hereby declares to be legally authorized to submit plans and obtain permits for the above-stated location, owner or contractor.

CITY OF ST. ALBANS BUILDING DEPARTMENT
ELECTRICAL PERMIT

Master Electrician: _____

Property Owner's Name: _____ Phone: _____

Project Address: _____

General Contractor: _____

Description of Work: _____

Value of Work: _____

Inspection Fees

100 Amp Service Change	X \$7.50	
200 Amp Service Change	X \$9.50	
250-800 Amp Service	X \$11.25	
1-5 Fixtures/Outlets	\$3.75	
6-10 Fixtures/Outlets	\$7.50	
11-40 Fixtures/Outlets	\$10.00	
41-75 Fixtures/Outlets	\$12.50	

- Type of Work:
- | | |
|--|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> New | <input type="checkbox"/> Repair/replacement |
| <input type="checkbox"/> Rough-In Electrical | <input type="checkbox"/> Installing Fixtures/Outlets |
| <input type="checkbox"/> Install Temporary Service | <input type="checkbox"/> Service Upgrade |
| <input type="checkbox"/> Security System | <input type="checkbox"/> Fire Protection System |

All work to be done in compliance with the laws and ordinances of the City of St. Albans and in accordance with approved plans and specifications on file with the Building Dept.

Signature of Owner/Contractor or Authorized Agent _____ Date _____

Approved: Yes No By: _____ Date: _____

Permit Fee	Insp. Fees	Total
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CITY OF ST. ALBANS BUILDING DEPARTMENT
PLUMBING PERMIT

Plumbing Contractor: _____

Property Owner: _____ Phone: _____

Project Address: _____

Description of Work: _____

Value of Work: _____

Inspection Fees

of new fixtures _____ X \$2.00 = _____
 # of replacement _____ X \$1.00 = _____

- | | |
|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> New | <input type="checkbox"/> Repair/replacement |
| <input type="checkbox"/> Rough-In plumbing | <input type="checkbox"/> Installing Fixtures |
| <input type="checkbox"/> Install Sanitary Sewer Lines | <input type="checkbox"/> Install Storm Sewer Lines |
| <input type="checkbox"/> Install Water Lines | <input type="checkbox"/> Install Gas Service Lines |

W. C.	Bathtub	Lavatory	Sinks	Urinals	Fountain

Floor Drains	Showers	H.W.T.	Diswasher	Disposal	Washer

Bidets	Hose Bibs	Icemakers	Whirlpools	Ld. Tubs	Vents

Gas Range	Gas Dryer	Grease Trap	Other	Boiler #15<	Boiler #15>

All work to be done in compliance with the laws and ordinances of the City of St. Albans and in accordance with approved plans and specifications on file with the Building Dept.

Signature of Owner/Contractor or Authorized Agent _____ Date _____

Approved: Yes No By: _____ Date: _____

Permit Fee	Insp. Fees	Total