

CITY OF ST. MARYS, WEST VIRGINIA

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Ward # _____

Property Owner Name: _____

Physical Location: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

Brief description of work to be completed, including materials to be used

New Construction Demolition Asbestos Removal Excavation/Fill/Clearing
Install Manufactured Home Property/Pool Fencing

Will any hazardous materials be stored on site? Yes or No

Dimensions _____ Number of Stories: _____ Total Square Feet of area: _____

Purpose of building: _____

Ownership: Residential Commercial Industrial
Government Apartment Complex

Does work include: Electrical Plumbing Heating/Air Elevator

Water Supply is: Public Private Sewage Disposal: Public Private

Water Tap Needed: Yes or No Sewer Tap Needed: Yes or No

Total Cost Of Project: \$ _____

Contractor Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

West Virginia Contractor License Number: _____

West Virginia Business License Number: _____

(Attach copy of both license certificates)

Contractor Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

West Virginia Contractor License Number: _____

West Virginia Business License Number: _____

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Phone Number: _____ Fax Number: _____

West Virginia Contractor License Number: _____

West Virginia Business License Number: _____

(Attach copy of both license certificates)

B & O Tax for contractors equals 1% of the gross income received for work performed in the City of St. Marys. (No contractor building a single-family dwelling shall be charged more than \$1225.00.)

Please read and acknowledge:

If your property/work is within a flood zone area, additional information, permits, and regulations may be required. You will need to comply with the requirements in the flood plain ordinance. This information must be certified by an Engineer, Surveyor, or other qualified person before application approval. Please see the City Manager/Floodplain Manager for more information.

The flood hazard boundary maps and other flood data used by the City of St. Marys in evaluating flood hazards to proposed developments and improvements are considered reasonable and accurate for regulatory purposes and are based on the best available scientific and engineering data available. On rare occasions greater floods can and will occur and flood heights may be increased by man-made and natural causes. Issuance of an exemption certificate does not imply that developments outside the identified acres of special flood hazard will be free from flooding. Issuance of an exemption certificate or permit shall not create liability on the part of the City of St. Marys, the Floodplain Manager/Administrator, or any officer at employee of the City of St. Marys in the event flooding or flood damage does occur.

Applicant hereby gives consent to the City Manager/Floodplain Manager to make reasonable inspections required to verify compliance.

Any changes/alterations to the project must be approved in advance and permits revised/updated to show changes before approval is granted.

Please remember to call Miss Utility WV at 1-800-245-4848 before you dig. It is the law.

I understand that storm water and surface water shall NOT be discharged into the sanitary sewer system.

All WV state building and fire codes must be followed.

Permit will expire one year from issue date.

Signature of Property Owner: _____

Signature of Applicant: _____

Date of Application: _____

BUILDING PERMIT ORDINANCE: ARTICLE 1705
FLOOD CONTROL ORDINANCE: ARTICLE 1709
(Copies available upon request.)

DO NOT BEGIN WORK UNTIL PERMIT APPROVAL IS RECEIVED

PERMIT FEES

- 1. All permit fees are payable upon application.
- 2. Any and all fees are refundable if permit application is denied.

BUILDING PERMITS: Up to \$10,000.00 = \$20.00 fee.
Over \$10,000.00 = \$20.00 plus \$1.00 for each additional \$1,000.00.

Building Permit Fee: \$ _____

City License: \$ _____

B&O Fees: \$ _____

Total Fee Paid: \$ _____

Approval By:

City Manager: _____ Date: _____

Mayor: _____ Date: _____

“This institution is an equal opportunity provider, and employer.”