

INTERIOR

PLANS MUST BE A MINIMUM SIZE OF 18X24

WALLS:

- Lumber size of interior and exterior walls
- Interior and exterior wall covering
- Spacing of framing lumber
- Insulation value
- Header sizes of windows and doors
- Vapor barrier

INTERIOR:

- Dimensions of rooms
- Window and door sizes
- Floor joist size and spacing
 - if pre-engineered, manufacturers specifications must be submitted

HVAC:

- Gas unit
 1. show location of furnace and hot water heater
 2. show where vented to
 3. size of vents
 4. location of make-up air vents
 5. clearance around unit if in an enclosed room
 6. gas shut off location
- Electric unit
 1. identify BTU
 2. show location of unit
 3. location of disconnect switch

ELECTRICAL:

- Show runs
- Indicate branch circuits
- Show location of panel box
- Specify amp service
- Identify wire sizes
- Mark GFCI locations
- Show smoke detectors and how they will be wired in

PLUMBING:

- Identify drain line size
- Specify vent size and location
- Show where the sewer line goes

****NOTE PROPOSED USE OF THIS SPACE & EXISTING USE****

****Floodplain application may be required* May require elevation certificates**

City of Morgantown Application for Building Permit

Application Date ____/____/____	Type of Work: <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Demo <input type="checkbox"/> Deck <input type="checkbox"/> Mechanical <input type="checkbox"/> Grading <input type="checkbox"/> Asbestos <input type="checkbox"/> Remodel or Repair <input type="checkbox"/> Shed <input type="checkbox"/> Other	Is Applicant Owner? (Y/N)
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PROPERTY INFORMATION:		Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Rental/ Commercial <input type="checkbox"/> Industrial
Street Address Where Work is being done:		Zip Code:
Owners First Name:	Last Name:	Phone:
Owners Address (if different from above address):		

CONTRACTORS INFORMATION:	Contractors Business Name	City License Number
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall/Lathing		
Demolition		
Other		

SCOPE OF WORK TO BE DONE:

Detailed Description of Work:
MUST ATTACH DETAILED SITE PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO Est. Value of Work \$

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to this permit.

SIGNATURE OF APPLICANT	ADDRESS OF APPLICANT	PHONE
PRINT NAME: _____		

OFFICE USE ONLY:

Map/Parcel	Zoning	Ward	Flood Plain

APPROVALS:

Engineering Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Planning Department Approval Notes:

Signature of person reviewing: _____ **DATE**

Code Enforcement Approval Notes:

Signature of person reviewing: _____ **DATE**

VALIDATION:

Permit Number:	Fee
Other:	Fee
Stop Work Order:	Fee

Application Accepted and Processed By: _____

Total Fee

Approved By: _____ **DATE**

Signature of Person Picking Up Building Permit: _____ **DATE**

Print Name of Person Picking up Permit: _____