



City of Charles Town
Department of Community Development
Division of Building Inspection and Code Compliance
101 East Washington Street – P. O. Box 14
Charles Town, WV 25414
304-724-3248 www.charlestownwv.us



Application for Plan Change Review

Applicant Name _____ Permit # _____

Plan Change Description

Building Information

Physical Address _____

Subdivision _____

Lot # _____

Type of Structure _____

Stories _____

Dimensions _____

(width x height = square feet)

I hereby certify that the above information is correct to the best of my knowledge.

Applicant Signature

Date

Please indicate your preferred method of notification upon completion of plan review.

Mail _____

E-Mail _____

Name

Address

Fax _____

City, State, Zip Code

Office Use Only

_____	_____	_____	_____	\$50.00 Fee
Plan Reviewer Signature	Date	Approved	Denied	
Comments: _____				
