



City of Charles Town

Department of Community Development
Division of Building Inspections and Code Compliance

101 East Washington Street, P.O. Box 14, Charles Town, WV 25414
Phone: (304) 724-3248 ♦ Fax: (304) 725-1014 ♦ Web: www.charlestownwv.us

2018 INTERNATIONAL BUILDING CODE or 2018 INTERNATIONAL RESIDENTIAL CODE w/ adopted West Virginia Amendments.

TO OBTAIN A BUILDING PERMIT, THE FOLLOWING ITEMS ARE NEEDED:

***All Commercial projects are required to have approved plan(s) submission through the State Fire Marshal's Office PRIOR to submitting plans to the City of Charles Town. An approval letter from the State Fire Marshal must accompany all such building permit applications to the City.**

1. Completed application.
2. Two (2) sets of detailed construction drawings; designed to current code standards
 - a. Plumbing plans, riser diagrams
 - b. Mechanical plans, manual J
 - c. Electrical plans with load calculations and panel schedules
 - d. Truss drawings if used
3. Sizes and U values of windows and doors.
4. R values of insulation in ceilings, walls & floors
5. House location survey with setbacks delineated and labeled, metes and bounds, all easements, parking and driveway areas, scale, north arrow, date, tax map and parcel number, deed book and page, record plat application number (where applicable), lot size, lot width, lot coverage percentage, house and all accessory structure dimensions and distances from property lines, adjoining street name(s), and a WV Licensed Engineer or Surveyor's seal and signature.
6. Signed owner affidavit (If applicant is not the owner).
7. All fees paid. (See fee schedule).

REQUIRED INSPECTIONS:

1. Footers, before placement of concrete;
2. Foundation, A wall check survey is required to be approved by zoning prior to framing schedule
3. Damp proofing/drain tile (Prior to backfill);
4. Slabs, before placement of concrete (Radon for habitable spaces);
5. Framing, rough plumbing, mechanical & electrical
6. Insulation (before drywall);
7. Final.

*Inspectors may make unscheduled visits at any time during normal business hours.

**A Use and Occupancy permit will be issued after all final inspections have been successfully completed and documented.

SCHEDULING INSPECTIONS:

To schedule an inspection, please call (304) 724-3248. Please provide the following information:

1. Permit Number
2. Address of job site
3. Type of inspection requested
4. Requested Inspection date
5. Name and contact number of persons requesting the inspection

NOTE: All inspection requests for the next working day must be called in no later than 3:00 pm. This office reserves the right to change the time deadline for next day inspections. All inspections will be completed the next business day but no later than 48 business hours. No appointments will be made. SATURDAY inspections will be scheduled for emergency work only.

CERTIFICATION: By signing below, the applicant acknowledges that all property restriction and easement information has been submitted to the City is accurate.

Signature: _____ Date: _____

DIRECTIONS TO PROJECT

(TO BE FILLED IN COMPLETELY BEFORE PERMIT WILL BE ISSUED)

LAST NAME OF OWNER: _____

ADDRESS OF PROJECT: _____

SUBDIVISION NAME: _____

LOT NUMBER: _____

DIRECTIONS: _____

- INSPECTORS CANNOT INSPECT WHAT THEY CANNOT FIND, PLEASE MAKE DIRECTIONS CLEAR -



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OWNER AFFIDAVIT

I, _____, hereby authorize _____
(Owner Name- Print) (Applicant Name)

to act as my agent in regards to obtaining necessary permits required to construct

_____ on my property known as _____
(Type of Structure) (Physical Address)

in Charles Town, West Virginia.

Owner's Signature:

Date:

PROPERTY INFORMATION

Application Date / /					Is Owner Applicant? (Y / N)
Address	Street Name			Tax Map	
Subdivision	Zoning	Lot Number	Parcel Type <input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)	*Flood Plain <input type="checkbox"/> Yes <input type="checkbox"/> No	

OWNER INFORMATION

First Name	Last Name or Business Name			Owner Phone Number	
Address	City			State	Zip
Owner Email Address	Applicant Phone Number		Applicant Email Address		

CONTRACTORS LICENSING INFORMATION

	NAME OF CONTRACTOR	ADDRESS	PHONE NO.	CITY, ST.	WV LICENSE # / CITY #
Applicant (not owner)					N/A
Architect					N/A
General Contractor					
Excavation					
Concrete					
Carpentry					
Electrical					
Plumbing					
Sewer					
Mechanical					
Roofing					
Masonry					
Drywall or Lathing					
Sprinkler					
Paving					
Fire Alarm					

BUILDING PERMIT TYPE

(only complete areas that pertain to your project)

PERMIT TYPE:

- BUILDING (B)
 MECHANICAL (M)
 PLUMBING (P)
 OTHER (O)

IMPROVEMENT TYPE:

- NEW CONSTRUCTION (1)
- ADDITION (2)
- ALTERATION (3)
- REPAIR REPLACEMENT (4)
- DEMOLITION (5)
- RELOCATION (6)
- FOUNDATION ONLY (7)
- ACCESSORY STRUCTURE (SHED) (8)
- DECK(9)
- FENCE(10)
- SIDEWALK / DRIVEWAY (11)
- MECHANICAL(12)
- PLUMBING (13)
- ROOF / SIDING (14)
- OTHER (15)

PROPOSED USE:

ASSEMBLY

- THEATRE (1)
- NIGHT CLUB (2)
- RESTAURANT (3)
- OTHER ASSEMBLY
- CHURCH (4)
- BUSINESS (5)
- EDUCATIONAL (GRADES 1-12) (6)
- DAY CARE FACILITY (7)
- POST HIGH SCHOOL (8)

RESIDENTIAL

- HOTEL, MOTEL (16)
- MULTI-FAMILY (17)
- IRC TWO FAMILY (18)
- IRC SINGLE FAMILY (19)

STORAGE

- MODERATE HAZARD (20)
- LOW HAZARD (21)

- OTHER (22)

FACTORY

- MODERATE HAZARD (9)
- LOW HAZARD (10)
- HIGH HAZARD (11)

INSTITUTIONAL

- GROUP HOME (12)
- HOSPITAL (13)
- JAIL (14)
- MERCANTILE (15)

FRAME TYPE (CHECK ONE ONLY)

Steel (1)	Masonry (2)	Concrete (3)	Wood (4)	Other (5)
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EXTERIOR WALLS (CHECK ONE ONLY)

Steel (1)	Masonry (2)	Concrete (3)	Wood (4)	Other (5)
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(only complete areas that pertain to your project)

	NO. FEET	NO. OF	SQ. FT. OF
Frontage*		Stories	Lot Area*
Front Setback*		Bedrooms	Building Area*
Rear Setback*		Full Baths	Accessory Structures: (storage buildings;sheds;pools;etc.)
Left Setback*		Partial Baths	Living Area
Right Setback*		Garages	Basement Area <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished
Elevation		Windows	Garage Area <input type="checkbox"/> 1 story <input type="checkbox"/> 2 story
Building Height*		Fire Places	Office/Sales
# OF RESIDENTIAL UNITS*		Enclosed Parking	Deck/Porch/Stoop
		Outside Parking	Roof (# of squares)

* Only needed for New Construction / Additions

Est. Start Date ____/____/____	Est. Finish Date ____/____/____	Est. Value \$ _____
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ELECTRICAL INFORMATION

Total Service _____ AMPS	# of Circuits: _____ 2 WIRE _____ 3 WIRE _____ 4 WIRE	# of Service Outlets: _____ 110V _____ 220V
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Only commercial applications need to complete electrical information below (if applicable).

	POWER DEVICES	OUTPUT/LOAD		POWER DEVICES	OUTPUT/LOAD
1			4		
2			5		
3			Total # of Motors		

PLUMBING PERMIT APPLICATION
Enter the Number of Fixtures Being Installed or Replaced

Tubs/Showers	Drinking Fountains	Back Flow Preventers	
Shower Stalls	Floor Drains	Water Pumps	
Lavatories	Water Heaters	Roof Openings	
Toilets	Water Softeners	Parking Lot Drains	
Urinals	Sewage Ejectors	Inside Downspouts	
Sinks	Sump Pumps	Swimming Pools	
Laundry Tubs	Grease Traps	Other	
Dishwashers	Bidets	Fire Sprinklers (Y/N)	
Garbage Disposals		Lawn Sprinklers (Y/N)	
Total Fixtures			
Public Water (Y/N)		Public Sewer (Y/N)	
Water Service Size _____ IN.	Water Meter Size _____ IN.	Avg. Daily Water Use _____ GPD	
Est. Start _____ / _____ / _____	Est. Finish _____ / _____ / _____	Est. Value \$ _____	

MECHANICAL PERMIT APPLICATION
Enter Number of New or Replacement Units

Forced Air Furnaces	Incinerators	Air Handling Units	
Unit Heaters	Boilers	Heat Pumps	
Gas/Oil Conversions	Coil Units	Air Cleaners	
Space Heaters	Window A/C Units	Humidifiers	
Gravity Furnaces	Split System A/C	Dehumidifiers	
Coal Stokers	A/C Compressors	Other	
Service Revisions:			
Type of Heating Fuel: (Check One)			
<input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Coal (3) <input type="checkbox"/> Wood (4) <input type="checkbox"/> Other (5)			
		Est. Value \$ _____	

