

CITY OF KANAWHA BUILDING PERMIT APPLICATION

Name: _____
Phone: _____ Cell phone: _____
Date: _____

☐ Residential
☐ Commercial
☐ Public (Federal/State)
☐ Private (Individual, Corp., Non-Profit, Institution)

Contractor Name: _____
Contractor Address: _____

Location: _____

Distance to property lines: ☐ Front yard
☐ Back yard
☐ Side yard (N S E W)
☐ Side yard (N S E W)

☐ Building ☐ Water Connection ☐ Excavation
☐ Construct ☐ Repair ☐ Remodel ☐ Connect ☐ Excavate

Building Permits (type of improvement)

<input type="checkbox"/> New	<input type="checkbox"/> One Family Unit
<input type="checkbox"/> Addition	<input type="checkbox"/> Two or more Family
<input type="checkbox"/> Alteration	<input type="checkbox"/> Garage
<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Carport
<input type="checkbox"/> Wrecking	<input type="checkbox"/> Shed
<input type="checkbox"/> Moving/Relocating	<input type="checkbox"/> Deck
<input type="checkbox"/> Foundation only	<input type="checkbox"/> Other _____

Estimated cost of project: \$ _____

Principal type of frame: _____

Dimensions: _____

Number of off street parking spaces: _____

Primary function of building: _____

<input type="checkbox"/> Masonry	<input type="checkbox"/> Interior walls	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Wood	<input type="checkbox"/> Heat	<input type="checkbox"/> Total land sq ft
<input type="checkbox"/> Structural steel	<input type="checkbox"/> Chimney size & type	<input type="checkbox"/> 1 st floor joists
<input type="checkbox"/> Reinforced concrete	<input type="checkbox"/> Rafters	<input type="checkbox"/> 2 nd floor joists
<input type="checkbox"/> Roof material (specify)	<input type="checkbox"/> Number of stories	<input type="checkbox"/> Ceiling joists
<input type="checkbox"/> Foundation walls	<input type="checkbox"/> Basement type	
<input type="checkbox"/> Exterior walls	<input type="checkbox"/> Garage	

Ceiling Heights: _____

Basement

First floor

Second floor

___ City water ___ Other ___ None

___ City sewer ___ Other ___ None

Use this space to draw a sketch of your property and existing structures including the distances to your lot lines:

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The Zoning Administrator reserves the right to monitor the progress of said application.
This Permit will remain in effect for one year.
Permit fee is \$25.00 payable to the zoning administrator.

I hereby certify that the information provided on this permit is correct and that any construction under a permit granted in response thereto will be in accordance with all state laws and ordinances of the City of Kanawha governing such work.

Applicant signature _____

Date _____

Administrative officer _____

Date _____

Superintendent Water, Sewer, Street _____

Date _____