COMMERCIAL BUILDING PERMIT Application for Review of Commercial Construction Plans within the City of Charleston, West Virginia (304) 348-6833 – (304)348-6836 fax								
PROJECT INFORMATION								
Project Location (address):						Kanawha County Tax Map and Parcel No.		
Date Submitted: Estimated Starting Date:						Anticipated Completion:		
Provide (3) sets of stamped plans including civil drawings and stormwater design with calculations for new construction. Include interior and exterior renovations, site work, clearing, grading, and excavations.								
Check Types(s) of Site Civil Architectural Mechanical Plumbing Electrical Sprinkler Fire Alarm Drawings Submitted: Storm Water Special Agent Extinguishing Systems Hood and Duct Exhaust System								
APPLICANT INFORMATION								
Property Owner Name:							Phone:	
Property Owner Address:			City:			State: ZIP:		
Cell Phone: For			Fax:			E-Mail Address:		
Lessee Name:							Phone:	
Lessee Address: City:				y:	State: ZIP:			
Cell Phone: Fax:					E-Mail Address:			
Attach permission from Property Owner for work done under lease (or provide copy of signed lease).								
Contractor or Representative Name:						WV Contractor License No.		
Contractor Address:	City State			ZIP:	City of Charleston License No.			
Phone:					E-Mail Address:			
Attach a list of all sub-contractors working on project.								
Architect/Engineer:						WV State License No.		
Address:				State ZIP:		City of Charleston Business No.		
Phone: Fax: Cell Pho				E-Mail Address:				
(Plans must be stamped by a WV registered Architect or Engineer for Commercial Work costing \$50,000.00 or more)								
TYPE OF CONSTRUCTION (as Defined by the WV State Code (IBC 2009) New Construction Renovation Addition / Alteration Demolition Excavation								
Occupational Type as Defined by NFPA 101, Life Safety Code: Total Square Footage						Is the structure currently sprinkled? Yes		
Description of Project:								
Construction Cost (all labor & materials): \$ Floodway/Flood Plain: Yes 🗆 (Submit Elevation Certificate) N							Submit Elevation Certificate) No \Box	
Total Contract Cost of Labor and Materials (including all sub-contractors). Attach copy of contract between owner and contractor for all projects costing \$10,000.00 or more)								
Signature of Authorized Representative: Date:								