



# APPLICATION FOR BUILDING PERMIT

Town of Ceredo  
700 B St. | P.O. Box 691  
Ceredo, WV 25507  
(304) 453-1041

*All applications to be submitted typed or legibly written in blue or black ink.*

## TYPE OF PERMIT

- |                                      |  |  |   |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> New business      | <input type="checkbox"/> Single Family | <input type="checkbox"/> Occupancy Cert.          |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Existing business | <input type="checkbox"/> Multi-family  | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Construction      | <input type="checkbox"/> Demolition    |   |

Site owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Site address: \_\_\_\_\_ Email: \_\_\_\_\_

- |   |                                 |                                |                                |
|---|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> General contractor | <input type="checkbox"/> Lessee | <input type="checkbox"/> Owner | <input type="checkbox"/> Agent |
|---|---------------------------------|--------------------------------|--------------------------------|

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

## DESCRIPTION OF WORK

- |                                   |                                   |                               |                                  |                                |
|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Framing | <input type="checkbox"/> Other |
|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------|--------------------------------|

Work to be done: \_\_\_\_\_

Square footage of Structure: \_\_\_\_\_

Square footage of site: \_\_\_\_\_

## CERTIFICATE OF USE AND OCCUPANCY

Business owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Business name: \_\_\_\_\_

Site owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Site owner address: \_\_\_\_\_

## OTHER PERMITS

- |                                       |  |                                      |                               |
|---------------------------------------|--|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Right-of-way | <input type="checkbox"/> Special privilege | <input type="checkbox"/> Flood plain | <input type="checkbox"/> Sign |
|---------------------------------------|--|--------------------------------------|-------------------------------|

**TOTAL COST OF LABOR AND MATERIALS :** \$ \_\_\_\_\_

***Providing false, incomplete, or misleading information on this application is subject to a \$500 fine.***

Building permit: \$ \_\_\_\_\_

Electrical Inspection: \$ \_\_\_\_\_

Footer/Foundation Inspection: \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

I acknowledge that the above information is true and correct to the best of my knowledge, and I agree to comply with all state, county, and city codes and ordinances.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clerk/Inspector: \_\_\_\_\_ Date of permit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Inspections and Permits**  
Town of Ceredo  
700 B St. | P.O. Box 691  
Ceredo, WV 25507  
Phone. (304) 453-1041

### Certificate of Occupancy Inspections

Business Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Inspection Time: \_\_\_\_\_

<b>Building Inspector</b>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Date Inspected:	Signature:
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Notes: \_\_\_\_\_

<b>Electrical Inspector</b>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Date Inspected:	Signature:
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Notes: \_\_\_\_\_

<b>Plumbing Inspector</b>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Date Inspected:	Signature:
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Notes: \_\_\_\_\_

<b>Fire Marshal</b>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Date Inspected:	Signature:
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Notes: \_\_\_\_\_

***\* Once violations are corrected please call inspectors for re-inspection.***

Town of Ceredo  
P.O. Box 691 | Ceredo, WV 25507  
Phone: (304) 453-1041 Fax: (304) 908-9670  
[www.CeredoWV.gov](http://www.CeredoWV.gov) | [permits@ceredowv.gov](mailto:permits@ceredowv.gov)



**FLOODPLAIN DEVELOPMENT PERMIT APPLICATION**  
**Floodplain Management Program**

Date of Application: \_\_\_\_\_ Permit # \_\_\_\_\_

**APPLICATION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION & LICENSE INFORMATION (if applicable)**

WV License #: \_\_\_\_\_ City License #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Cost of Improvement: \_\_\_\_\_ (Attach cost documentation to this application)

If no address, provide directions to property: \_\_\_\_\_

Type of Structure: (Check All That Apply)

Manufactured Home

Demolition

Commercial / Industrial

Residential

Excavation / Fill Activities

Garage/ Detached Structure

Other (Explain Below)

Description of Work to be Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Applicant

**APPLICANT MUST PROVIDE ONE COPY OF PLANS AND SPECIFICATIONS OF THE PROPOSED CONSTRUCTION.**

**\*DO NOT COMPLETE THIS PAGE\***  
**FOR USE BY FLOODPLAIN MANAGER**

**PERMIT #** \_\_\_\_\_

IS THE PROPERTY IN FLOOD ZONE	A	AE	IN FLOODWAY		X
IS ADDITIONAL INFORMATION REQUIRED? (FIRMette attached)			YES	NO	
ARE OTHER FEDERAL, STATE, OR LOCAL PERMITS REQUIRED?			YES	NO	
ARE OTHER CITY REGULATIONS APPLICABLE?			YES	NO	
IS THIS A SUBSTANTIAL IMPROVEMENT?			YES	NO	
IS THERE A NON-CONVERSION AGREEMENT?			YES	NO	
IS THERE PROPER FLOOD VENTING IN THE FOUNDATION?			YES	NO	
SITE PLANS ATTACHED?			YES	NO	
ELEVATION CERTIFICATE REQUIRED/ATTACHED?			YES	NO	
ESTIMATED COST OF DEVELOPMENT/IMPROVEMENT			\$	_____	
FREEBOARD REQUIRED?	YES	NO	HOW MUCH?	1 FT	2 FT
PERMIT APPLICATION	APPROVED	REJECTED			

SPECIAL INSTRUCTIONS BY THE FLOODPLAIN MANAGER:

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**X** \_\_\_\_\_  
FLOODPLAIN MANAGER

\_\_\_\_\_  
DATE