

# TOWN OF BUFFALO DEVELOPMENT PERMIT APPLICATION

## OWNER

## STRUCTURE

## PROPERTY (if different than structure)

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ CELL \_\_\_\_\_  
 EMAIL \_\_\_\_\_

TO WHOM SHOULD PERMIT BE MAILED?  STRUCTURE OWNER  PROPERTY OWNER  CONTRACTOR

## PREVIOUS PROPERTY OWNER

**If present owner has owned this property less than 4 years, provide name of previous property owner:** \_\_\_\_\_

## CONTRACTOR (builder of new construction or mobile home dealer and/or mover)

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 FAX \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

### FOR OPI USE ONLY:

Valid Contractor License on file.

Verified by: \_\_\_\_\_

WV CONTRACTOR LICENSE # \_\_\_\_\_ WV MANUFACTURED HOUSING BOARD # \_\_\_\_\_

**NOTE: If setting up a manufactured home, the WV Manufactured Housing Board # is also required.**

## SITE INFORMATION

SITE ADDRESS \_\_\_\_\_  
Number [Rt/Box or House] Street/Road City Zip Code  
 SUBDIVISION NAME OR MANUFACTURED HOME PARK \_\_\_\_\_ LOT # \_\_\_\_\_ LOT SIZE: \_\_\_\_\_  
 TAX MAP # \_\_\_\_\_ PARCEL # \_\_\_\_\_ PRIMARY/COUNTY ROAD ACCESS: \_\_\_\_\_  
 DIRECTIONS TO SITE: \_\_\_\_\_

## TYPE OF DEVELOPMENT: Please check and complete all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> RESIDENTIAL<br><input type="checkbox"/> Single Family<br><input type="checkbox"/> Single Family/Duplex<br><input type="checkbox"/> Multi-family ( <i>COMPLETE Multi-Family Section, page 2</i> )<br><input type="checkbox"/> ADDITION FOR RESIDENTIAL STRUCTURE:<br><input type="checkbox"/> Porch <input type="checkbox"/> Room(s) <input type="checkbox"/> Attached Garage<br><input type="checkbox"/> Construction costs are over 50% of the market value of the existing structure<br><input type="checkbox"/> Construction costs are under 50% of the market value of the existing structure<br><input type="checkbox"/> ACCESSORY:<br><input type="checkbox"/> Detached Garage <input type="checkbox"/> Fence<br><input type="checkbox"/> Storage Building <input type="checkbox"/> Other (list) _____ | <input type="checkbox"/> BILLBOARD SIGN<br><input type="checkbox"/> TELECOMMUNICATIONS TOWER<br><input type="checkbox"/> BRIDGE<br><input type="checkbox"/> MANUFACTURED HOME<br><input type="checkbox"/> COMMERCIAL ( <i>COMPLETE Commercial Section, pg 2</i> )<br><input type="checkbox"/> ADDITION FOR COMMERCIAL STRUCTURE<br>TYPE OF ADDITION: _____<br><input type="checkbox"/> Construction costs are over 50% of the market value of the existing structure<br><input type="checkbox"/> Construction costs are under 50% of the market value of the existing structure<br><input type="checkbox"/> INDUSTRIAL ( <i>COMPLETE Industrial Section, page 2</i> )<br><input type="checkbox"/> TEMPORARY STRUCTURE |
|---|---|

**ESTIMATED CONSTRUCTION COSTS (LABOR & MATERIAL):** \_\_\_\_\_

## WATER/SEWER/SEPTIC

WATER SOURCE (Name of Public Service District or Water Co.) \_\_\_\_\_  
 SEWER SOURCE \*\* (Name of Public Service District or write Septic, if septic system\*\*) \_\_\_\_\_  
**\*\*SEPTIC - If your structure will be served by an individual sewage disposal system HEALTH DEPARTMENT APPROVAL IS REQUIRED. Contact the Putnam County Health Department, (304) 757-2541, 4237 St Rt 34, Hurricane, WV 25526**

### PUTNAM COUNTY HEALTH DEPARTMENT APPROVAL

APPROVE      CONDITION(S) \_\_\_\_\_  
 DISAPPROVE      \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
Putnam County Health Department Official Date \_\_\_\_\_

**PLEASE COMPLETE THIS SECTION FOR: COMMERCIAL, INDUSTRIAL, MULTI-FAMILY, AND/OR FACTORY-BUILT RENTAL COMMUNITY NEW CONSTRUCTION**

MULTI-FAMILY:  
 TOWNHOUSE : NUMBER OF DWELLING UNITS: \_\_\_\_\_  
 APARTMENT: NUMBER OF DWELLING UNITS: \_\_\_\_\_  
 CONDOMINIUM: NUMBER OF DWELLING UNITS: \_\_\_\_\_

COMMERCIAL: NUMBER OF SEPARATE BUSINESSES \_\_\_\_\_  
 TYPE OF BUSINESS(ES) \_\_\_\_\_

INDUSTRIAL: \_\_\_\_\_  
 NUMBER OF SEPARATE BUSINESSES \_\_\_\_\_  
 TYPE OF INDUSTRY \_\_\_\_\_

FACTORY-BUILT RENTAL COMMUNITY: COMMUNITY NAME \_\_\_\_\_

**NOTICE:**

1. If the Putnam County Planning Commission staff *cannot* determine if a proposed development is located in the floodplain, it shall require the applicant to have, at the applicant's expense, a certified engineer or surveyor determine if the proposed development is located in the floodplain. A certified engineer or surveyor shall use the Floodplain District Certification, and if located in a floodplain, the applicant shall be required to complete a FEMA Certification.
2. This permit becomes null and void if work or construction authorized is not commenced within six (6) months or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is started, unless extension is required.

*I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local law regulating construction or the performance of construction.*

Signature of: \_\_\_\_\_ Check One Box Below \_\_\_\_\_ Date \_\_\_\_\_

Check One:  Property Owner  Contractor  Agent  Other - List: \_\_\_\_\_

RETURN TO: OFFICE OF PLANNING AND INFRASTRUCTURE Telephone: (304) 586-0237 / FAX: (304) 586-0200  
 Putnam County Courthouse Monday - Friday, 8:00 am to 4:00 pm  
 3389 Winfield Road  
 Winfield, West Virginia 25213 MAKE CHECKS PAYABLE TO: PUTNAM COUNTY COMMISSION

TO BE COMPLETED BY TOWN: \_\_\_\_\_ PERMIT # \_\_\_\_\_

MANUFACTURED HOME SITE:  APPROVED SEWER SERVICE:  AVAILABLE  
 DISAPPROVED  NOT AVAILABLE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 Mayor Date

**TO BE COMPLETED BY PERMIT OFFICER:**

FEE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CASH  CHECK  CHECK # \_\_\_\_\_  
 RECEIPT#: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ INVOICE#: \_\_\_\_\_  
 ZONING DISTRICT \_\_\_\_\_ TAX MAP \_\_\_\_\_ PARCEL \_\_\_\_\_ FEMA PANEL 540166 - 0001B FLOOD ZONE \_\_\_\_\_

PERMITTED PRINCIPAL USE  PERMITTED ACCESSORY USE  SPECIAL PERMIT USE  
 Use \_\_\_\_\_ Use \_\_\_\_\_ Use \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SEE ATTACHMENT FOR CONDITIONS

APPROVED  DISAPPROVED

\_\_\_\_\_  
 PERMIT OFFICER DATE DEVELOPMENT PERMIT # \_\_\_\_\_