

NOTE: This application must be APPROVED by the Office of Planning & Infrastructure PRIOR to any renovations or moving in.
Date complete application received in OPI: _____ Date approved: _____ Date mailed: _____

PUTNAM COUNTY ZONING PERMIT APPLICATION BUSINESS PERMIT/CHANGE OF LAND USE

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

PROPERTY OWNER (if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

BUSINESS OWNER (if same as applicant, write same)

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

LESSEE: MUST SUBMIT COPY OF SIGNED LEASE

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)

GENERAL CONTRACTOR

FOR OPI USE ONLY:
 Valid Contractor License on file.
Verified by: _____

NAME _____ TELEPHONE _____
FAX _____ CELL _____ EMAIL _____
ADDRESS _____
(Street No. and Name) (City) (State) (Zip Code)
WV CONTRACTOR LICENSE NUMBER _____

NAME OF BUSINESS

(name of business that will occupy this location)

LOCATION OF BUSINESS AND/OR CHANGE OF LAND USE

ADDRESS _____
DIRECTIONS: _____

TAX MAP _____ PARCEL # _____
IF MULTI-TENANT COMPLEX, NAME: _____

**NOTE: Please complete and submit Sign Permit Application,
IF erecting any signage.**

BE SURE TO COMPLETE PAGE 2

**DESCRIPTION OF
BUSINESS AND/OR
CHANGE OF LAND
USE**

PRIOR BUSINESS AND/OR LAND USE _____

PROPOSED BUSINESS AND/OR LAND USE _____

_____ NUMBER OF EMPLOYEES

_____ GROSS SQUARE FOOTAGE OF USE

_____ LINEAR FEET OF STREET FRONTAGE

DOES A RESIDENTIAL PROPERTY ADJOIN THIS PROPERTY ALONG ANY COMMON PROPERTY LINE?

YES NO

IF YES, PLEASE CALL THE OFFICE OF PLANNING AND INFRASTRUCTURE AT 586-0237 FOR POTENTIAL BUFFERING REQUIREMENTS .

IS THE PARKING LOT PAVED? YES NO

_____ NUMBER OF PARKING SPACES DELINEATED ON THE PARKING LOT

_____ NUMBER OF HANDICAPPED PARKING SPACES

NOTICE

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

Address

Date

CHECK ALL THAT APPLY:

- I am the applicant.
- I am the business owner.
- I am the property owner.
- I am the contractor.
- I am an agent. If an agent, for whom: _____

PLANNING COMMISSION USE:

FEE: _____	RECEIPT # _____	INVOICE # _____
AMOUNT PAID: _____	CHECK <input type="checkbox"/>	CASH <input type="checkbox"/> CHECK # _____ DATE: _____

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

- PERMITTED PRINCIPAL USE PERMITTED ACCESSORY USE SPECIAL PERMIT USE NONCONFORMING USE

Use _____ Use _____ Use _____ Use _____

COMMENTS: _____

SEE ATTACHMENT FOR CONDITIONS

DATE OF APPROVAL: _____

ZONING PERMIT #: _____

PERMIT OFFICER