

Office Use:

Fee: \$ _____

☐ APPROVED

☐ DENIED

BUILDING PERMIT APPLICATION

City of Clarksburg • 222 W. Main St. • Clarksburg, WV 26301
Fax 304-624-6135 • Phone 304-624-1633 • CodeEnforcement@cityofclarksburgwv.com

- Application Date _____
- Construction Address _____
- Owner _____
- Owner Address (If Different From Project Address) _____
- Contact Name _____
- Phone _____
- Requested Start Date _____
- Duration _____
(Maximum 6 months)

CHECK ALL THAT APPLY

TYPE OF STRUCTURE:

- ☐ RESIDENTIAL- SINGLE FAMILY
- ☐ RESIDENTIAL- MULTI-FAMILY
- ☐ RESIDENTIAL- RENTAL
- ☐ COMMERCIAL

TYPE OF WORK:

- ☐ REMODEL / REPAIR
- ☐ NEW STRUCTURE
- ☐ ADDITION
- ☐ DEMOLITION
- ☐ ELECTRICAL UPGRADE

■ DESCRIPTION OF WORK:

Total Cost of Construction (materials and/or labor) \$ _____

Project Being Completed by Owner ☐

Contractor Name _____ Contractor Telephone _____

WV License Number _____ City License Number _____

Signature _____

To be completed by Floodplain Manager: Property located in floodplain? _____. Zone: _____

SUB OR ADDITIONAL CONTRACTOR INFORMATION

All sub-contractors must be listed and licensed.

Name: _____

Address: _____ City License No.: _____

Office Phone: _____ Contract Amount: _____

Type of Work: _____

Name: _____

Address: _____ City License No.: _____

Office Phone: _____ Contract Amount: _____

Type of Work: _____

Name: _____

Address: _____ City License No.: _____

Office Phone: _____ Contract Amount: _____

Type of Work: _____

Name: _____

Address: _____ City License No.: _____

Office Phone: _____ Contract Amount: _____

Type of Work: _____