

Town of Danville

Office of the Building Inspector

500 Hopkins Avenue

P. O. Box 217

Danville, West Virginia 25053

Phone: 304-369-5428 Fax: 304-369-5429

Email: danville1911@hotmail.com

Permit application for building, repairing, wrecking, or moving.

1. Name of Person applying for permit: _____
2. Address: _____

3. Phone Number: _____
4. Street or Location of building activity, (give a brief description of location): _____

5. This application is for: _____
(Building, Repairing, Wrecking, Moving, or Sign Erection)
6. Type of Building or Structure: _____
7. Number of Stories: _____
8. Estimated Cost of Project: (Please be as specific as possible): \$ _____
9. Contractor's Name: _____
10. Contractor's Address: _____

11. Contractor's Phone Number: _____
12. What is this building used for: _____
(Residence, Business, Residence and Business, Storage, Industrial, etc.)
13. When will construction be started: _____
14. Zone: (Mark all that apply) ____Residence ____Business ____Industrial
15. Give a brief description of proposed work to be done, include an estimated completion date: _____

16. Date permit issued / permit number / issued by: _____