

# Town of Belle

1100 E. Dupont Ave., PO Box 697, Belle, WV 25015  
Telephone: 304-949-3841 Fax: 304-949-5616

## MISCELLANEOUS WORK License Application

Date of application: \_\_\_\_\_

This license is issued for grass cutting, painting, carpet cleaning or any unspecified type work under Town of Belle, Building Permit Ordinances and Codes

Company Name/Address \_\_\_\_\_  
\_\_\_\_\_

Individual applying for license: \_\_\_\_\_

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

Type of business: \_\_\_\_\_

WV State Contractor License No. \_\_\_\_\_

WV State License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(if applicable)

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Please check with the Town of Belle Clerk's Office before starting any building or work project to avoid interruption of work and insure that you are within compliance of the Town of Belle Building Codes.**

### LIABILILTY WAIVER

I hereby release the Town of Belle and its governing body of any liability for injuries to workers, myself, or any other persons or destruction to my property, the property of the worker or the property of any other person while the above described work is being done or for any unsatisfactory results of such work.

I hereby take full responsibility for any and all liability for injuries to workers, myself, or any other persons and for destruction to my property, the property of the worker or the property of any other person while the above described work is being done and for any unsatisfactory results of such work.

\_\_\_\_\_  
Signature & Title

DO NOT WRITE IN THIS AREA

Annual License fee **\$15.00** Application No. \_\_\_\_\_

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Expiration

Your license will be mailed to you upon receipt of application and fee