

TOWN OF BELLE
1100 E. Dupont Avenue PO Box 697
Belle, WV 25015
304 949-3841 Fax: 304 949-5616

BUILDING PERMIT APPLICATION

Application Date: _____

Resident Name: _____

Owner Name: _____

Job location: _____
Street & Number

I/We do hereby make application for a permit to: _____

Work Done By: _____
Contractor or Other

Contractor Address

Starting Date: _____ Approximate date of completion: _____

Estimated Cost: \$ _____

Permit Fee: \$ _____

DO NOT WRITE BELOW THIS LINE

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***I have examined the foregoing application, plans and specifications
and with, if any corrections noted on the plans, approve this permit***

Building Inspector

Date

Application No. _____