



Town of Capon Bridge
PO Box 183, Capon Bridge WV 26711

Phone: 304-856-3625 Fax: 304-856-2495

E-mail: townclerk@townofcaponbridgewv.gov

EQUAL OPPORTUNITY PROVIDER & EMPLOYER

BUILDING APPLICATION

Town of Capon Bridge, Inc.: Ordinance #15 and amended

Date: _____

Permit # _____

Applicants Information

Name: _____

Address: _____

Phone: _____

Owner Information if different from above

Name: _____

Address: _____

Phone: _____

Taxing District: _____

Map Number: _____

Parcel Number: _____

Acres or Lot Size: _____

Estimated Cost: _____

Completion Date: _____

Dimensions: _____

Description of work: _____

Require New Tap to Water? _____

Require New Tap to Sewer? _____

Fee based on commercial or residential.

Applicant Signature _____

Contractors Information

Name: _____

Address: _____

Phone: _____

WV License No. _____

Site Location: _____

Type of Construction

_____ Residential

_____ Commercial

_____ Double Wide/Modular

_____ Outbuildings

_____ Addition to existing structure

_____ Demolish

_____ Remodeling

_____ Removal

_____ General Repair

Number of Bathrooms _____

Number of Bedrooms _____

Date: _____

*****Office Use Only*****

Date Received: _____

Date of Council Meeting for Applicant Review: _____

_____ \$50 Residential

_____ \$125 Commercial

Date: _____

Approved: _____

Denied: _____

One year to start construction, 2 years to finish construction:

After 2 year a 6-month extension can be obtained for \$50.00. A new building permit is required after that.