

COUNTY OF MORGAN
STATE OF WEST VIRGINIA
COMMERCIAL AND INDUSTRIAL
IMPROVEMENT LOCATION PERMIT
PRE-APPLICATION

1. BUSINESS NAME: _____ DATE OF APPLICATION: _____

2. OWNER: _____ PHONE: _____

3. DEVELOPER: _____

4. ADDRESS: _____

5. HOME PHONE: _____ WORK PHONE: _____ FAX#: _____

6. NAME OF SURVEYOR/ENGINEER: _____ PHONE: _____

7. DISTRICT: _____ TAX MAP: _____ PARCEL: _____

SITE LOCATION: _____

8. DESCRIPTION OF BUSINESS : What Type of Business Are You Planning (Retail, Warehouse, Service):

9. WHAT PRODUCT WILL YOU SELL? _____

10. WILL THERE BE ANY HAZARDOUS SUBSTANCES (MATERIALS) OR EXPLOSIVES ON SITE:

_____ IF SO, PLEASE DESCRIBE: _____

11. WHAT TYPE OF BUSINESS OPPORTUNITY? (New, Part-Time, Expansion, Seasonal, Year-Round):

12. HOW MANY CUSTOMERS WILL BE VISITING ON AN AVERAGE DAY? _____

13. BUILDING DIMENSIONS: _____

14. # OF PARKING SPACES: _____ # OF HANDICAP SPACES: _____

15. ESTIMATED COST: _____ ESTIMATED COMPLETION DATE: _____

16. BRIEF DESCRIPTION OF TYPE OF OPERATION: _____

17. HOW MANY EMPLOYEES WILL BE NEEDED? _____

18. WHAT IS THE ESTIMATED MAXIMUM NUMBER OF EMPLOYEES? _____

19. HOUR OF OPERATION: _____

20. NUMBER OF ENTRANCES AND EXITS FROM COUNTY ROUTE: _____

21. IS THERE THE POSSIBILITY OF FUTURE EXPANSION: _____

NOTE: Written Approval of Water & Sewer is Required.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE SKETCH THE SITE INCLUDING: (1) Well (2) Central Sewage/Septic System Lines (3) New Building(s) to be Constructed (4) Roadways (5) Existing Structures.

DRAWING OF PROPOSED SITE:



This Section Below to be Completed By Planning Commission Staff:

REQUIRES PLANNING COMMISSION REVIEW: YES _____ NO _____

PLANNING COMMISSION REVIEW DATE: _____

PERMIT OFFICER: _____