

CITY OF MARTINSBURG

APPLICATION FOR USE & OCCUPANCY PERMIT

Planning Department * 232 N. Queen Street * Martinsburg, WV 25401 * 304.264.2131

FOR YOUR INFORMATION

1. There are four steps towards being able to operate your place of business in Martinsburg:

STEP 1: Meeting with a Planning Department Secretary is **STRONGLY** recommended to better understand how to use this application. Fill out all information in this application form unless otherwise noted.

STEP 2: Zoning Review with the City Planner.

STEP 3: Before a **Use & Occupancy Permit** will be issued, four final inspections need to be passed. All inspections need to be scheduled by the business owner with the appropriate department. For each final inspection, have the inspecting official complete and sign the "INSPECTIONS COMPLETED" section found on page 2 of 3. Depending on your circumstances, they can be performed in a different order than listed below.

FINAL INSPECTION	PHONE	EMAIL
Building Code* *	304-264-2131 ext. 266	cclingan@cityofmartinsburg.org
Planning & Zoning Code	304-264-2131 ext. 266	dkeith@cityofmartinsburg.org
Fire Code**	304-676-2110	mfdfirefighter23@yahoo.com
Health Dept. (Food Svcs.)	304-267-7130	cara.n.harding@wv.gov

** **Note:** Final inspection done jointly. For scheduling, call Fire Marshal first to set date/time, and then call the Planning Department with approved date/time.

STEP 4: When all inspections are approved, submit the fully completed **Use & Occupancy Permit** application with required attached documents to the Planning Department on the second floor of City Hall, so the appropriate fee may then be calculated and paid. If there are no exceptions noted by the inspections above, the Planning Department will then be authorized to issue the actual **Use & Occupancy Permit**.

NOTE: For new construction, a ninety (90) day temporary Use & Occupancy Permit can be issued contingent upon submitting BOTH a final project costs analysis AND as-built site plan to the City Planner within ninety (90) days of temporary occupancy approval.

STEP 5: Obtain a Martinsburg City Business License. Applications can be obtained from the License Clerk or the Tax Auditor located on the 2nd floor in the main lobby of City Hall. The applicant must provide a valid photo ID or have a current Driver's License. Applicant must bring a valid State of West Virginia Business Registration Certificate. The City Business license will be released when your **Use & Occupancy Permit** is issued by the Planning Department. For questions, please call (304) 264-2131 extension 256.

2. City ordinance section 1501.05 requires application to the Planning Department before any use or occupancy of a place of business. Failure to obtain a **Use & Occupancy Permit** is also a violation of the zoning ordinance. Violators are subject to daily fines.
3. Retain the **Use & Occupancy Permit** and supporting documents for your records. No change in any use or occupancy OR increase/decrease of floor area shall be made until a new **Use & Occupancy Permit** has been issued.
4. Construction, remodeling and similar activities to create or renovate a space will generally require a building permit before work is done. Call the Planning Department for questions, assistance, or for an onsite consultation with building inspectors before you start a project.



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For Official Use Only _____
Date Received: _____
Fee Due: _____

Planning Department ▪ 232 N. Queen Street ▪ Martinsburg, WV 25401 ▪ 304.264.2131
PLEASE NOTE → INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Application is hereby made under the City of Martinsburg Zoning Ordinance for a Use & Occupancy Permit for a structure and/or premises located and described below. Applicant certifies that all information is true and correct.

BUSINESS INFORMATION	Business Name:	Business Status: <input type="checkbox"/> New <input type="checkbox"/> Existing
	Street Address:	Suite / Floor #:
	City/State:	Zip Code:
	Business Phone:	Email:
	Business Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Other _____ List All Associated Entities →	
	Previous Use:	Proposed Use:
	Description of Business Activities:	
APPLICANT INFORMATION	Name:	Phone:
	Street Address:	Email:
	City/State:	Zip Code:
	Mailing Address (if different from above):	
	Is Applicant also the Property Owner? <input type="checkbox"/> YES <input type="checkbox"/> NO → If "NO", Applicant must complete Property Owner Information below	
PROPERTY OWNER INFORMATION	Name:	Phone:
	Street Address:	Email:
	City/State:	Zip Code:
	Name Of Local Authorized Agent AND Phone Number:	City Business License (Owner's):
FEES	U&O Permit: <input type="checkbox"/> New Construction...\$100.00 <input type="checkbox"/> Change of Use...\$20.00 <input type="checkbox"/> Change of Owner...\$0	
REQUIRED ATTACHMENTS	<input type="checkbox"/> Building Codes Report <input type="checkbox"/> Zoning Code Report <input type="checkbox"/> Fire Codes Report <input type="checkbox"/> Health Department Report <input type="checkbox"/> Detailed Plan Showing Layout (2 sets) <input type="checkbox"/> Signatures on each sheet of Use & Occupancy Application	

I understand that any false statement or misrepresentation of material fact in this 3 page application and attachments thereto may result in revocation of any permit or approval issued as a result thereof.

Signature by Property Owner Date

Signature by Tenant Date

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NOTE: Please complete the section below in full detail.

Street Address: _____					
City/State/Zip Code: _____					
Property Identification → Tax Map #:			Parcel #:		
Parcel Size → Frontage:		Right Side:	Left Side:	Rear:	AREA:
Property Zoning:	Floodplain: Y / N	Historic District: Y / N		Other:	
Building Construction: <input type="checkbox"/> Wood <input type="checkbox"/> Brick <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Other _____					
Tennant Area Information: Area: _____ Width: _____ Depth: _____ Stories: _____ Height: _____ #Rooms: _____ #Bathrooms: _____ #Occupants: _____ Roofing Type: _____					
Existing Fire Sprinkler System: <input type="checkbox"/> YES <input type="checkbox"/> NO			Off Street Parking Spaces: _____		
Type/Size of all Heating / Cooling units: _____					
I have read and understand the requirements explained on this page.					
Signature by: <input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner			Date: _____		
↓ THIS SECTION FOR OFFICE USE ONLY ↓					
Information on this application has been reviewed for completeness and accuracy: → <input type="checkbox"/> YES <input type="checkbox"/> NO					
Building Code Official has issued report and/or Certificate of Occupancy: → <input type="checkbox"/> YES <input type="checkbox"/> NO					
This application for Use & Occupancy Permit is approved: → <input type="checkbox"/> YES <input type="checkbox"/> NO					
Permit Type: → <input type="checkbox"/> 90 day temporary permit <input type="checkbox"/> regular permit					
Permit conditions: → _____					
Reasons if permit is not approved: → _____					
INSPECTIONS COMPLETED Business owner is responsible for scheduling these inspections	CODE CATEGORY	INSPECT TYPE	DATE	REPORT ISSUED	SIGNATURE BY APPROVING OFFICIAL
	Zoning Review			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Building Codes			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fire Codes			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Health Department			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes to file: _____					