

APPLICATION FOR LETTER OF COMPLIANCE &
WESTOVER RENTAL UNIT REGISTRATION

DATE: ___/___/___ PLEASE USE SEPARATE FORM FOR EACH STRUCTURE REGISTERED

WHO IS RESPONSIBLE FOR GARBAGE FEES?

OWNER () OR TENNANT ()

THIS IS AN INITIAL APPLICATION ()

THIS IS A RENEWAL APPLICATION ()

DWELLING LOCATION: _____

NUMBER OF BEDROOMS: _____

NUMBER OF BATHROOMS: _____

TOTAL SQUARE FOOTAGE: _____

OWNERS NAME: _____

ADDRESS: _____

CITY- _____

STATE-ZIP: _____

AREA CODE/ HOME PHONE: _____ / WORK PHONE: _____

NOTIFY IN CASE OF EMERGENCY:

OWNER: _____ OR:

NAME: _____

ADDRESS: _____

CITY-STATE-ZIP: _____

AREA CODE/ HOME PHONE: _____ / WORK PHONE: _____

EMAIL ADDRESS: _____

NUMBER AND TYPE OF OCCUPANCY WITH APPLICATION FEES (FOR EACH SEPARATE STRUCTURE)

_____ APARTMENTS (PER STRUCTURE) X \$25.00 PER APARTMENT UP TO 5 UNITS

_____ APARTMENTS (PER STRUCTURE) X \$15.00 PER APARTMENT FOR 6 OR MORE/ STRUCTURE

_____ ROOMERS X \$15.00 PER SLEEPING ROOM (OWNER OCCUPIED W/MORE THAN ONE ROOMER PER STRUCTURE)

_____ BOARDING/LODGING ROOMS X \$15.00 PER SLEEPING ROOMS (PER STRUCTURE)

_____ HOUSE (OR SINGLE FAMILY DWELLING UNIT) \$25.00

_____ NUMBER OF OFF STREET PARKING SPACES ONLY (FOR STRUCTURE LISTED ABOVE)

(THIS CANNOT INCLUDE ANY PARKING ON CITY STREETS/ALLEYS)

CONSENT TO INSPECT GIVEN: _____

SIGNATURE OF OWNER OR APPLICANT

CONSENT TO INSPECT NOT GIVEN: _____

SIGNATURE OF OWNER OR APPLICANT

PAYABLE TO: CITY OF WESTOVER

OFFICE: 304-296-6860

RETURN TO: 500 DUPONT RD

FAX: 304-296-6582

WESTOVER, WV 26501

FEE SUBMITTED: \$ _____

INSPECTION DATE: _____

RECEIPT NUMBER: _____

INSPECTION TIME: _____