



New Business License Assessment

BUSINESS INFORMATION

Business Name:	
Business Address:	
Applicant Name:	
Applicant Address:	
Phone:	
Email:	
Property Owner Name:	
Property Owner Phone:	

YES NO UNSURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your business provide off-street (private) parking?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will your business be erecting a sign?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is your business required to obtain ABCA licensing? (alcohol)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you plan to enlarge the footprint of the building?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the occupied space meet the City of Wheeling plumbing code requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the occupied space meet the City of Wheeling building code for structural requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any required structural repairs / modifications / upgrades / installations planned?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the space meet the City of Wheeling building code for non-structural requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there any non-structural repairs / modifications / upgrades / installations planned?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the occupied space meet the City of Wheeling mechanical code (HVAC) requirements for the proposed type of occupancy?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the occupied space meet the National Electrical Code (NFPA 70) requirements for the proposed type of occupancy?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the current structure handicap (ADA) accessible?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the proposed business serve or cook food?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the proposed business located in the special flood hazard area?
SIGNATURE: _____			DATE: _____

REQUIRED SIGNATURES (CITY)

Department	Phone	Name & Signature
Zoning Officer	(304) 234-3601 Ext.6	
Building Inspector	(304) 234-3601 Ext.4	
Electrical Inspector	(304) 234-3601 Ext.3	
Plumbing Inspector	(304) 234-3601 Ext.5	
Fire Inspector	(304) 234-3726	
Police Chief*	(304) 234-3708	
Water Pollution Control* <ul style="list-style-type: none">• Sanitary/Storm sewer tap• Grease Control Equipment• Industrial Pretreatment	(304) 234-3874	
Water Department* <ul style="list-style-type: none">• Back-Flow Prevention	(304) 234-3849	
Ohio County Health Department*	(304) 234-3682	
Finance Department	(304) 234-6472	

*When needed based on business type

**All contractors need WV licensing

***Fire Inspectors will review building for occupancy and egress