



## 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 to footprint of the building?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does the proposed business meet the City of Wheeling plumbing code requirements for the proposed type of occupancy?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does the proposed business meet the City of Wheeling building code for structural requirements and are there any required structural repairs / modification / upgrades or installations planned for the space?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does the proposed business meet the City of Wheeling building code for non-structural requirements and are there any non-structural repairs / modifications / upgrades or installations planned for the space?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does the proposed business 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 proposed business 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?

**REQUIRED SIGNATURES (CITY)**

<b>Department</b>	<b>Phone</b>	<b>Name &amp; Signature</b>
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"> <li>• Sanitary/Storm sewer tap</li> <li>• Grease Control Equipment</li> <li>• Industrial Pretreatment</li> </ul>	(304) 234-3874	
Water Department* <ul style="list-style-type: none"> <li>• Back-Flow Prevention</li> </ul>	(304) 234-3849	
Finance Department	(304) 234-6472	

\*When needed based on business type.

**REQUIRED SIGNATURES (COUNTY)**

Ohio County Health Department	(304) 234-3682	
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**APPROVAL SIGNATURE**

Building Code Official	(304) 234-3601 Ext. 5	
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\*All contractors need WV licensing

\*Fire Inspectors will review building for occupancy and egress