

**KANAWHA COUNTY COMMISSION**  
407 Virginia Street East  
Charleston, West Virginia 25301  
Telephone (304) 357-0570  
FAX (304) 357-0572



## Salvage Yard Permit

**Date:** (mm/dd/yyyy) **Fee: \$100.00**

**Permit Number:**

**Applicants Name:**

(Last)

(First)

**Address:**

(Street)

(City)

(Zip)

**Telephone Number:**

(Home)

(Office)

(Cellular)

**Property Owners Name:**

(Last)

(First)

**Address:**

(Street)

(City)

(Zip)

**Attach Map of Location and propose storm water run-off and control:**

**Prepare and attach sketched plan of site lay-out**

**Provide a Community Impact Statement as to the affects of the proposed Salvage Yard on:**

**1. Description of proposed contents of salvage yard:**

**2. Affects on Residential, Business and Commercial Property investments and values:**

**3. Impact on Community Growth and Development:**

**4. Impact on:**

- a. Utilities:
- b. Health:
- c. Education:
- d. Recreation:
- e. Safety:
- f. Welfare:
- g. Community Convenience:

**5. Hours of Operations:**

**6. Identification of possible storage or discharge of Hazardous Wastes:**

Type of Waste:

Discharge Arrangement:

**7. Economic and/or social impacts on the community:**

**8. Has an application been made for other required permits and/or licenses?**

Yes:

No:

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**Signature of Applicant**