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COMMERCIAL BUILDING ASSESSMENT PROGRAM APPLICATION FORM

Building Owner Information

Owner Name: _____ Mailing Address: _____

Phone Number: _____ E-mail Address: _____

Building Details

Physical Address of Building: _____

Building Type:

Multi-Family Residential Office Retail Hotel Special-Purpose Industrial

Other (Describe): _____

Approximate Building Size (Sq. Ft.): _____

Number of Floors/Levels: _____ Year Built: _____

Describe the reason for requesting the engineering assessment. (Example – consideration of selling the building, maintenance, renovations, safety concerns, etc.) The answer you provide will not qualify/disqualify you from the program. It simply serves to help us better understand how this request will benefit the building owner.

Briefly describe any specific areas of concern or known issues.

Are there any accessibility or safety concerns for which the assessors need to be aware? Yes No

If "Yes", describe: _____

Are there any specific areas of the building that should be avoided during the assessment? Yes No

If "Yes", describe: _____

Suggested dates and times that are most convenient for the assessment to take place:

Please list any additional information you'd like to provide.

By signing below, I acknowledge that I am the owner of the commercial building located within the City of Oak Hill that is described above. I understand that by completing this form, I am not agreeing to an engineering assessment. I understand that this form will be used by the City of Oak Hill and Chapman Engineering Firm to create an estimate for an engineering assessment. I understand that once the estimate is completed, I will have the opportunity to accept or reject. I understand that no engineering assessment will take place until I have agreed with the estimate that will be provided to me.

Building Owner Signature

Date