



**City of Ranson Community Development**  
 312 S. Mildred Street Ranson, WV 25438  
 (304) 725-1010 | [www.ransonwv.gov](http://www.ransonwv.gov) | email: [permits@ransonwv.us](mailto:permits@ransonwv.us)

Date Received Stamp

**RANSON**  
 AT THE CENTER OF OPPORTUNITY.

## RENTAL DWELLING REGISTRATION

Permit #
Associated Permit #

### SECTION I. Rental Location/Owner Information/Management Company

Rental Address Number	Rental Street Name	Zoning District	Tax Map & Parcel	Lot & Block	Is Property in Floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Property Owner's Last Name and or Business Name		First Name & Middle Initial		Complete Address (If Different Than Above)	
Property Owner's Email Address			Property Owner's Cell Phone No.		Property Owner's Home Phone No.
Business License Number if Applicable					
<b>Management or Rental Company (If Applicable)</b>					
Management Company		Applicant's Name		Complete Address (If Different Than Above)	
Applicant's Email Address			Applicant's Cell Phone No.		Applicant's Office Phone No.

### SECTION II. Rental Property/Dwelling Unit Information complete all information below, and inspector will verify

TYPE OF DWELLING	DWELLING INFORMATION	SMOKE DETECTORS
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> DUPLEX <input type="checkbox"/> APARTMENT <input type="checkbox"/> ACCESSORY DWELLING <input type="checkbox"/> OTHER _____	_____ NUMBER OF UNITS _____ NUMBER OF FLOORS _____ NUMBER OF PARKING SPACES  <input type="checkbox"/> BASEMENT <input type="checkbox"/> ACCESSORY DWELLING	_____ TOTAL NUMBER  <input type="checkbox"/> BATTERY <input type="checkbox"/> HARDWIRED <input type="checkbox"/> HARDWIRED & BACKED UP <input type="checkbox"/> INTERCONNECTED
HEATING SYSTEM	AIR CONDITIONING/COOLING	HOT WATER
<input type="checkbox"/> ELECTRIC <input type="checkbox"/> OIL <input type="checkbox"/> PROPANE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> WINDOW UNIT <input type="checkbox"/> CENTRAL AIR <input type="checkbox"/> WINDOW SCREENS <input type="checkbox"/> OTHER _____	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER _____
WATER	SEWER	TRASH
<input type="checkbox"/> WELL / CONDITION _____ <input type="checkbox"/> PUBLIC PROVIDER _____	<input type="checkbox"/> SEPTIC / CONDITION _____ <input type="checkbox"/> PUBLIC PROVIDER _____	<input type="checkbox"/> CURB PICK UP <input type="checkbox"/> BULK PICK UP / DUMPSTER PROVIDER _____ PICK UP DAY(S) _____

**SECTION III. LEAD POISONING**

<p><b>WAS THIS PROPERTY BUILT BEFORE JANUARY 1, 1978</b></p>	<input type="checkbox"/> NO <input type="checkbox"/> YES * If YES please complete all of Section III
<p><b>HAS THE LANDLORD PROVIDED ALL OF THE PROPERTY'S TENANTS THE FOLLOWING FEDERALLY REQUIRED INFORMATION PRIOR TO SIGNING A LEASE?</b></p>	
<p><b>An EPA-approved information pamphlet on identifying and controlling lead-based paint hazards, <a href="#">Protect Your Family From Lead In Your Home (PDF)</a>.</b></p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p><b>Any known information concerning the presence of lead-based paint or lead-based paint hazards in the home or building. For multi-unit buildings, this requirement includes records and reports concerning common areas and other units when such information was obtained as a result of a building-wide evaluation.</b></p>	<input type="checkbox"/> NO <input type="checkbox"/> YES
<p><b>An attachment to the contract, or language inserted in the contract, that includes a "Lead Warning Statement" and confirms that the seller has complied with all notification requirements.</b></p>	<input type="checkbox"/> NO <input type="checkbox"/> YES

**SECTION IV. Application Certification:**

I hereby certify that I am the owner of record of the named property, or authorized by the owner of record to act in their behalf as the owner's agent to make this application. I hereby covenant and agree to comply with all Federal, State and Local laws in particular the State of West Virginia and the ordinances of the City of Ranson, and certify that the information and statements given on this application, are to the best of my knowledge true and correct. In signing I acknowledge having read and fully understanding and agreeing to the Permit Conditions in this document and also receipt of the information handout advising me of other duties, policies and responsibilities that may be required. If signed by anyone other than the owner, a Notarized OWNER/AGENT CERTIFICATION OF AND ACKNOWLEDGEMENT OF RESPONSIBILITY affidavit shall be required.

Name Owner or Agent (Please Print) \_\_\_\_\_ (Complete if Other Than Owner) Address (Please Print) \_\_\_\_\_ Email \_\_\_\_\_ Phone No. \_\_\_\_\_ ( ) -

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public \_\_\_\_\_

**OFFICIAL USE ONLY** *Do not write below this line*

<p><b>Complete If In Flood Plain:</b></p>					<p>Permissible Lot Coverage Applied _____%</p>	
Map Number:	Date:	Zone:	Base Flood Level:	Lowest Floor Level:	<b>Existing</b>	sq. ft. <b>Total</b> sq. ft.

<p>Permit Fee \$ _____</p>			<p>Receipt No: _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____</p>			
<p><b>Approvals:</b></p>	<p><b>Approved</b></p>	<p><b>Denied</b></p>	<p><b>Name</b></p>	<p><b>Date:</b></p>		
<p>Permitting</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>	<p>_____</p>		
<p>Licensing</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>	<p>_____</p>		
<p>Finance</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>_____</p>	<p>_____</p>		



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**Permit Authorization Affidavit**  
**Authorization of Agent to Act on Behalf of the Property Owner**

This affidavit certifies that the party listed, who is not a lessee, licensed architect, engineer, or contractor, has been granted authorization to obtain a permit(s) on behalf of a property owner, and is authorized to add subcontractors to applicable permits. This form must be filled out completely by the property owner if another party is submitting an application(s) on the owner’s behalf. This form must be submitted prior to issuance of permit. Copies of affidavits are acceptable.

Property Owner		
Project Address Number	Project Street Name	Parcel Number
Property Owner’s Last Name	First Name	Complete Address (If Different Than Above)
Property Owner’s Email Address	Property Owner’s Phone No.	
Agent/Contractor		
Company Name	Agent’s Last Name	Agent’s First Name
Agent’s Email Address	Agent’s Office Phone No.	
West Virginia Contractor/Business License	City of Ranson Business License	
Scope of Work or Permit Number		

**I hereby certify that I am the owner of record of the named property, and authorized the above Agent to act on my behalf.**

\_\_\_\_\_

Owner’s Signature Date

**I understand that the permits obtained pursuant to this affidavit will be in my name and that I am acting as Agent/Contractor for this project. I accept full responsibility for the work performed.**

\_\_\_\_\_

Agent/Contractor’s Signature Date



## Community Development Department

Inspections: (866) 957-3764 | [www.MyGovernmentOnline.org](http://www.MyGovernmentOnline.org)

Email: [permits@ransonwv.us](mailto:permits@ransonwv.us)

# Rental Registration Interior Inspection Certification

### 1) Property Address and Unit Number

### 2) Renovations and Improvements

- a) Have any renovations or improvements been undertaken in this unit in the past two years, including but not limited to water heater replaced, new electrical panel, replaced heating and cooling, or new deck or patio? **Y or N**
- b) Describe any renovations or improvements

### 3) Ventilation, Sec: 403 IPMC

- a) Does the bathroom have a window? **Y or N**
- b) Does the bathroom have an exhaust fan that works? **Y or N**
- c) Does the dryer have proper exhaust exiting the residence? **Y or N**

### 4) Structural Components, Sec. 305 and 306 IPMC:

- a) Is the floor, wall, or ceiling structurally sound free of deterioration, sagging or broken joists? **Y or N**

### 5) Interior Stairs and Landings, Sec. 305.4 and 305.5 IPMC:

- a) Are the handrails and the treads in place and firmly fastened? **Y or N**
- b) Are all guards and railings present and spaced appropriately? **Y or N**

### 6) Emergency Escape Window and Door, Sec. 702 IPMC:

- a) Do locked doors readily open from the interior of the structure without the use of a key? **Y or N**
- b) Is there a window in every bedroom? **Y or N**
- c) Do the bedroom windows easily open without the use of key, tool or force greater than that which required for normal operation? **Y or N**

### 7) Heating Systems, Sec 602 IPMC:

- a) What type of heating system is provided for this unit? **Electric, Oil, or Propane**
- b) Does the heating system function properly? **Y or N**
- c) Is the heating system permanent? **Y or N**

**8) Electric Standards, Sec 604, 605.2, 605.3 IPMC:**

- a) Are GFI's (Ground Fault Interrupters) outlets installed within six feet of sinks, faucets, and washing machines? **Y or N**
- b) Is all wiring covered and properly mounted? **Y or N**
- c) Are all electrical outlets and switches properly covered? **Y or N**
- d) Does every room and hall have a light fixture and at least one electrical outlet? **Y or N**
- e) Is the panel box properly fastened, have a cover, and all breaker spaces properly filled or blocked? **Y or N**
- f) Is the panel box accessible to the occupants? **Y or N**

**9) Plumbing and hot water, Sec. 501-505 IPMC:**

- a) Does the unit have at least one bathroom with a toilet, sink, and tub/shower? **Y or N**
- b) Does the unit have hot and cold running water? **Y or N**
- c) Does the toilet work properly without leaks? **Y or N**
- d) Does the tub or shower work properly? **Y or N**
- e) Do the sinks work properly without leaks in supply or drainage? **Y or N**

**10) Water Heater, Sec. 505 IPMC:**

- a) Is the unit installed to the standards consistent with the manufacture date? **Y or N**
- b) Is the relief valve piped to the floor, pan, waste receptor or outdoors? **Y or N**

**11) Sanitation Standards, Sec. 101.2, 108, and 305 IPMC:**

- a) Is the structure free of trash, insects, rodents, mold, and other health hazards? **Y or N**

**12) Smoke Alarms, Sec 704 IPMC:**

- a) What is the total number of bedrooms?
- b) Does every bedroom and hallway have a working smoke alarm? **Y or N**
- c) How many floors, including basements?
- d) Is there at least one smoke alarm on every floor? **Y or N**
- e) If there is an attached garage or fossil fueled heating system or appliance?
- f) If there is an attached garage or fossil fueled heating system or appliance, does the unit have a working carbon monoxide detector? **Y or N**

**13) Kitchens, Sec 404 and 605 IPMC:**

- a) Does the unit have a kitchen with a sink, counter, cabinets, cooking appliance and refrigerator maintained in a safe and sanitary condition? **Y or N**

**Self-Certification Acknowledgement:** By submitting this interior inspection checklist I certify that the information and statements given on this application are to the best of my knowledge true and correct. I acknowledge having read and fully understanding Rental Dwelling Unit Registration Ordinance (Chapter 5, Article IX), and understand my obligation and responsibilities as a landlord to maintain this rental property to the standards as outlined in the adopted State Building Code.

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Signature

Date