



APPLICATION FOR A PERMIT TO OPERATE

In accordance with applicable West Virginia Department of Health and Human Resources Legislative Rules, application is hereby made for a permit to operate a:

- Correctional Center Capacity:
Juvenile Detention Center Capacity:
Regional Jail Capacity:
State Operated School

Fee (\$):

Facility Name:
Location:
Mailing:
City: State: Zip:
Phone Number: Fax:
Email Address:
Owner / Agent:

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

Date Signature of Applicant
() Owner () Agent

For Department Use Only

Date application received: Permit no.
Date plans received: By: Date issued: By:
Date plans reviewed: By: Expiration date:
Date plans approved: By: Date denied: By:
Date inspected: By: Comments:
Permit Fee: \$ Date paid: