

NOTICE: Structural, Electrical, Mechanical, Fire Suppression, Fire Alarm, Tent, Change of Building Use, etc. **ALL REQUIRE A SEPARATE APPLICATION TO BE SUBMITTED AND WILL BE ISSUED A SEPARATE PERMIT NUMBER.** All sections of this application must be completed upon submittal, or your application will not be accepted. If you have not assigned a contractor/subcontractor to date, please enter TBD in the Contractor Section.

CONTRACTORS AND SUBCONTRACTORS are required to complete a contractor registration that will be good for one (1) year. If your registration has expired, it will need to be renewed at the time of permit application submittal. Please complete a Contractor/Subcontractor Registration form that can be found at ci.moraine.oh.us/building-zoning/ **THE PERMIT WILL NOT BE RELEASED UNTIL YOU HAVE ASSIGNED CONTRACTORS AND THEIR REGISTRATIONS ARE CURRENT.**

Completed application, construction plans including a site plan and your contractor registration can be emailed to bwaters@moraineoh.org. **Contractor Registration Fees and Permit Fees can be paid with MC/Visa by calling 937-535-1039 after submittal or with checks made payable to City of Moraine.**

Applicant Name: _____ **Email:** _____ **Phone:** _____

(Yes, I have read everything contained in this NOTICE Section and acknowledge what is needed to submit application for permit)

Building Use & Occupancy Classification

(per 2007 Ohio Building Code) Please Circle One

Assembly	A-1	A-2	A-3	A-4	A-5
Business	B				
Educational	E				
Factory Industrial	F-1	F-2			
High Hazard	H-1	H-2	H-3	H-4	H-5
Institutional	I-1	I-2	I-3		
Mercantile	M				
Residential	R-1	R-2	R-3	R-4	
Storage	S-1	S-2			
Utility/Misc.	U				

**Const.
Type**

I A
I B
II A
II B
III A
III B
IV
V A
V B

**HVAC
Permits**

Size of Unit

Ton's/BTU's

Furnace Type
Standard
High Efficiency

Property Address/Location:

Project Description (Include square footage of the AFFECTED AREA)

Estimated Construction Cost (ECC) \$ _____ include all work for which **THIS** permit is issued including any permanent equipment.

MORaine PROPERTY /SITE OWNER		TENANT	
Contact Name		Contact Name	
Business Name		Business Name	
Phone #		Phone #	
Complete Address		Complete Address	
Email		Email	
GENERAL CONTRACTOR		SUB-CONTRACTOR	
Contact Name		Contact Name	
Business Name		Business Name	
Phone #		Phone #	
Complete Address		Complete Address	
Email		Email	
Moraine Registration #		Moraine Registration #	

*** OFFICE USE ONLY-DO NOT COMPLETE ***

Yes No

City Lot # _____

Zoning District # _____

Variance Required _____

Approved _____ Application Processed By _____ Date _____

\$ _____
Base Cost

\$ _____
Sq. Ft. Charge/Plan Review

\$ _____
Subtotal

\$ _____
3% State Surcharge

\$ _____
TOTAL PERMIT FEES

Application Date _____

Application # _____

Date Paid _____

Receipt # _____

Permit Date _____

Permit # _____

Permit Closed _____

APPLICATION SCANNED

DRAWINGS SCANNED

Emailed NIC-DATE

Emailed Applicant

PERMIT PICKED UP BY

DATE