

**Before you open for business, you must call the office to schedule an occupancy inspection.**

**This application does not cover Change of Building Use, you would need to submit the Commercial Permit Application**

**Moraine Property Address/Location:**

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**Applicant Name (Please Print & Sign):**

(Print)

(Signature)

**Building/Site Owner/Corporation MORAINE LOCATION (Please Print):**

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**Contact Name, Title:**

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**Contact Number(s):**

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**Complete Address including City, State & Zip:**

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**Email:**

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**NEW Tenant/Business Name MORAINE LOCATION (Please Print):**

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**Contact Name/Title:**

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**Contact Number(s):**

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**Complete Address including City, State & Zip:**

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**Email:**

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**Product/Service:**

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**Employees (Full-Time):** \_\_\_\_\_ **Employees (Part-Time):** \_\_\_\_\_

**Building Use & Occupancy Classification**  
*(per 2024 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
Industrial	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				

**Business information if currently located outside the City**

**Owner/Corporation Name:**

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**Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

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**Complete Address including City, State & Zip:**

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**Email:**

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**Employees (Full-Time):** \_\_\_\_\_ **Employees (Part-Time):** \_\_\_\_\_

**Misc. Building/Suite Information**

Total Square Footage	
Number of Bathrooms	
Sprinkler (Yes or No)	
Number of Offices	
Waiting Room or Lobby Square Footage	
Number of Exits	
Storage Room Square Footage	

**OFFICE USE ONLY-DO NOT COMPLETE**

City Lot # _____	Application Date _____	Application # _____	Yes No	Approved _____	Application Processed By _____
Occupancy Inspection Date _____	Approved (Yes/No) _____	Permit Date _____		Permit # _____	
Permit Closed in Accela _____	Paperwork Scanned _____				