

Moraine Property Address/Location:

Applicant Name (Please Print & Sign):

(Print)

(Signature)

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

Contact Name, Title:

Contact Number(s):

Complete Address including City, State & Zip:

Email:

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

Contact Name/Title:

Contact Number(s):

Complete Address including City, State & Zip:

Email:

Product/Service:

Employees (Full-Time): _____ **Employees (Part-Time):** _____

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
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:

Contact Name: _____ **Contact Number:** _____

Complete Address including City, State & Zip:

Email:

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 _____	Anthony B. Wenzler, Building & Zoning Administrator
Occupancy Inspection Date _____	Approved (Yes/No) _____	Permit Date _____		Permit # _____	
Permit Closed in Accela _____	Paperwork Scanned _____	Destruction Date _____			