

PERMIT # _____

NOTICE: Building Use & Occupancy Classification, Construction Type, Property Address/Location, Project Description, Estimated Construction Cost, Moraine Property/Site Owner, Tenant, Contractor and Sub-Contractor and Sign Information sections must be completed upon submittal or application WILL NOT be accepted. **TWO SETS OF DETAILED DRAWINGS** must be submitted with this application along with a site plan. Contractor registration requirements must be met and both registration fees and permit fees must be paid at the time of submittal (please call the office before submitting to confirm what your permit fees will be). **CONTRACTORS AND SUB-CONTRACTOR(S)** 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 submittal. The registration requires a \$40.00 processing fee that is waived if the contractor or sub-contractor is located in the City of Moraine, copies of both your Certificate of Liability Insurance with the City of Moraine listed as the Certificate Holder and Workers Compensation along with completing the entire General Contractor/Sub-Contractor sections of this application. THERE IS NOT A SEPARATE APPLICATION FORM FOR THE REGISTRATION. Thank you!

1189.15 TEMPORARY SIGNS In addition to any other provisions of this chapter, the following provisions apply: (a) Temporary Signs may be erected with permits for up to a maximum period of thirty (30) days during any calendar year. A temporary sign shall not exceed thirty-two (32) square feet per face in size and shall not create a hazard to either auto or pedestrian travel. (b) A permit is required. Permits for temporary signs shall be issued in increments of 5 days, 7 days, 10 days, 15 days, or 30 days. (c) If necessary, temporary signs may be illuminated with permission of the Building & Zoning Administrator. Such illumination shall be provided only by backlighting. (d) The location and placement of temporary signs are subject to the approval of the Building & Zoning Administrator. (e) The leading edge of a temporary sign shall be no closer than 10 feet from the right-of-way.

Applicant Name (please print) _____

Phone # _____

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

↑↑ PROPERTY ADDRESS/LOCATION _____

↑↑ PARCEL ID # _____

(Contact Name) _____
 (Business Name) _____
↑↑ MORAINE PROPERTY/SITE OWNER (per County Auditor) **↑↑ Phone/Fax** _____

↑↑ Address _____ **↑↑ City, State, Zip** _____

↑↑ Email _____

(Contact Name) _____
 (Business Name) _____
↑↑ TENANT **↑↑ Phone/Fax** _____

↑↑ Address _____ **↑↑ City, State, Zip** _____

↑↑ Email _____

(Contact Name) _____
 (Business Name) _____
↑↑ CONTRACTOR (See notice above) **↑↑ Phone/Fax** _____

↑↑ Address _____ **↑↑ City, State, Zip** _____

↑↑ Email _____

 REG-
↑↑ Federal ID # _____ **↑↑ City of Moraine Registration #** _____

(Contact Name) _____
 (Business Name) _____
↑↑ DESIGNER **↑↑ Phone/Fax** _____

↑↑ Address _____ **↑↑ City, State, Zip** _____

↑↑ Email _____

Sign Information (additional signs entered on page 2)

Sign Description/Location _____
 Yes No Temporary Sign
 Yes No Real Estate Sign
 Yes No Commercial Advertising
 Yes No Protruding/Projecting from Wall
 _____ New Sign, Face Change or Temporary Sign
 _____ Sign Construction (Wall, Free Standing, Roof)
 _____ Area Wall Sign is on (sqft)
 _____ Total Sides
 _____ Total Square Footage
 _____ Total Existing Commercial Advertising on Premises (sqft)
 _____ Zoning District M (calculate bldg. floor area or advertised activity, sqft)
 _____ Zoning District B (calculate bldg. or premises frontal width, sqft)

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				

Const. Type

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

Temp Sign Dates

_____ to _____
 _____ to _____
 _____ to _____
 _____ to _____

↑↑ **PROPERTY ADDRESS/LOCATION**

↑↑ **PARCEL ID #**

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OFFICE USE ONLY-DO NOT COMPLETE

_____	_____	_____	Yes No	_____
City Lot #	Zoning District #	Variance Required	Approved	Anthony B. Wenzler, Building & Zoning Administrator
_____	\$ _____	\$ _____	\$ _____	\$ _____
Quantity (New Signs)	Base Cost (New Signs)	Subtotal	3% State Surcharge	Permit Fees (New Signs)
_____	\$ _____	\$ _____		\$ _____
Quantity (Face Changes)	Base Cost (Face Changes)	Subtotal		Permit Fees (Face Changes)
_____	\$ _____	\$ _____		\$ _____
Quantity (Temporary Signs)	Base Cost (Temporary Signs)	Subtotal		Permit Fees (Temporary Signs)

			TOTAL PERMIT FEES:	\$ _____
_____	_____	_____	_____	_____
Application Date	Application #	PERMIT CLOSED IN ACCELA	APPLICATION SCANNED	DRAWINGS SCANNED
_____	_____	_____	_____	_____
Permit Date	Permit #	PERMIT PICKED UP	BY	DATE