

NOTICE: New Construction, Remodeling, Electrical, Mechanical, Fire Suppression, Fire Alarm, Gas Piping, HVAC, Digital Billboards Tents, Sheds (over 120 SF) Demolition, 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 visit <https://ci.moraine.oh.us/building-zoning/> to obtain the contractor/subcontractor registration form.

Completed application, construction plans including a site plan and your contractor registration can be emailed to bwaters@moraineoh.org. Contractor registration 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:	
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(Yes, I have read everything contained in this NOTICE Section and acknowledge what is needed to submit application for permit)

Building Use & Occupancy Classification <small>(per 2007 Ohio Building Code) Please Circle One</small>						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:
Assembly Business Educational Factory Industrial High Hazard Institutional Mercantile Residential Storage Utility/Misc.	A-1 B E F-1 H-1 I-1 M R-1 S-1 U	A-2 F-2 H-2 I-2 R-2 S-2	A-3 H-3 I-3 R-3	A-4 H-4 R-4	A-5 H-5			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 *****

City Lot #	Zoning District	Variance	Zoning Approval	Yes No	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				