



Office of Community Development, Building & Zoning
 4200 Dryden Road Moraine, OH 45439-1495
 Phone (937) 535-1030 Fax (937) 535-1284
www.ci.moraine.oh.us

LOT NO. _____
 APP NO. _____

COMMERCIAL PERMIT APPLICATION

Location of Project: _____ _____	Description of Project: _____ _____
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PROPERTY OWNER		TENANT	
Owner Name _____	_____	Business Name _____	_____
Address _____	_____	Address _____	_____
City, State, Zip _____	_____	City, State, Zip _____	_____
Phone/Fax _____	_____	Phone/Fax _____	_____
E-mail _____	_____	E-mail _____	_____
Contact Name _____	_____	Contact Name _____	_____

CONTRACTOR		DESIGNER	
Business Name _____	_____	Business Name _____	_____
Address _____	_____	Address _____	_____
City, State, Zip _____	_____	City, State, Zip _____	_____
Phone/Fax _____	_____	Phone/Fax _____	_____
E-mail _____	_____	E-mail _____	_____
Contact Name _____	_____	Contact Name _____	_____
Federal ID # _____	_____		
NAICS # _____	_____		

NOTICE: *The above information for Owner, Tenant, Contractor and Designer must be completed. If there is no designer involved, please make notation of this. Thank you!*

Building Use: (PLEASE CIRCLE ONE)			Type of Construction
Assembly/Recreation...A-3	Institution...I-1	4 Family addition/alteration...R-2	1-A
Business...B	Institution...I-2	4 Family addition/alteration...R-3	1-B
Church...A-3	Institution...I-3	5+Family new...R-2	2-A
Education...E	Mercantile...M	5+Family new...R-3	2-B
Factory-Moderate Hazard...F-1	Motel/Hotel...R-1	5+Family addition/alteration..R-2	2-C
Factory-Low Hazard...F-2	Nightclub...A-2	5+Family addition/alteration..R-3	3-A
Garage Comm-Moderate Hazard...S-1	N/A	Storage-moderate hazard...S-1	3-B
Garage Comm-Low Hazard...S-2	Outdoor/Assembly...A-5	Storage-low hazard...S-2	4
High Hazard...H-1	3 Family New...R-4	Theater...A-1	5-A
High Hazard...H-2	3 Family addition/alteration...R-4	Utility & Misc...U	5-B
High Hazard...H-3	4 Family new...R-2	Unknown	
High Hazard...H-4	4 Family new...R-3	Assembly/Restaurant...A-2	

Estimated Construction Cost \$_____ Include all construction work for which this permit is issued, as well as all finish work, including painting, roofing, electrical, plumbing, mechanical, and any permanent equipment.

SIGNATURE OF APPLICANT _____ **DATE** _____



OFFICE USE ONLY-DO NOT COMPLETE



Date of Application _____ *Application #* _____ *Date of Approval* _____ *Permit #* _____

ZONING

FEES (Office Use Only)

Zoning District: _____
Variance Required: _____
Approved: _____
Flood Zone: _____

Raw Fee: \$ _____
Plan Review Fee (65%): \$ _____
SUBTOTAL: \$ _____
State Surcharge (3%): \$ _____
TOTAL FEES: \$ _____

PLAN REVIEW-PLEASE SUBMIT 2 SETS OF COMPLETED DRAWINGS

Plans Examiner: _____
B & Z Official: _____

Date: _____
Date: _____