



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](http://www.ci.moraine.oh.us)

LOT NO. \_\_\_\_\_

**1-3 FAMILY RESIDENTIAL PERMIT APPLICATION**

<b>Location of Project:</b> _____ <b>Occupant Name:</b> _____ <b>Phone:</b> _____	<b>Description of Project:</b> _____ _____
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<b>OWNER</b>	<b>DESIGNER</b>
<i>Name:</i> _____ <i>Address:</i> _____ <i>City, State, Zip:</i> _____ <i>Phone/Fax:</i> _____ <i>E-mail:</i> _____ <b>Rental Property</b> Yes or No (please circle one)	<i>Business Name:</i> _____ <i>Address:</i> _____ <i>City, State, Zip:</i> _____ <i>Phone/Fax:</i> _____ <i>E-mail:</i> _____ <i>Contact Name:</i> _____

<b>CONTRACTOR</b>	<b>Permit Type</b>
<i>Business Name:</i> _____ <i>Address:</i> _____ <i>City, State, Zip:</i> _____ <i>Phone/Fax:</i> _____ <i>E-mail:</i> _____ <i>Contact Name:</i> _____ <i>Federal ID #:</i> _____ <i>NAICS #:</i> _____	<i>Zoning:</i> _____ <i>Accessory:</i> _____ <i>HVAC:</i> _____ <i>Gas Piping:</i> _____ <i>Structure:</i> _____ <i>Other:</i> _____

**NOTICE:** All available information needs to be filled out. Any areas not needed may be left blank. Zoning Permits require a site plan, Accessory and Structure Permits require a site plan and two sets of construction drawings. Gas Piping requires a gas line diagram.

**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)
<i>Zoning District:</i> _____ <i>Variance Required:</i> _____ <i>Approved:</i> _____ <i>Flood Zone:</i> _____	<i>Raw Fee:</i> \$ _____ <i>Plan Review Fee (50%):</i> \$ _____ <b>SUBTOTAL:</b> \$ _____ <i>State Fee (1%):</i> \$ _____ <b>TOTAL FEES:</b> \$ _____

<i>Plans Examiner:</i> _____ <i>B &amp; Z Official:</i> _____	<i>Date:</i> _____ <i>Date:</i> _____
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