

Before you open for business, you must call the office to schedule an occupancy inspection.

This application does not cover Change of Building Use, you would need to submit the Commercial Permit Application

Moraine Property Address/Location:

Applicant Name (Please Print & Sign):

(Print)

(Signature)

Building/Site Owner/Corporation **MORaine LOCATION** (Please Print):

NEW Tenant/Business Name **MORaine LOCATION** (Please Print):

Contact Name, Title:

Contact Name/Title:

Contact Number(s):

Contact Number(s):

Complete Address including City, State & Zip:

Complete Address including City, State & Zip:

Email:

Email:

Product/Service:

Employees (Full-Time):

Employees (Part-Time):

**Building Use & Occupancy Classification**

(per 2024 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	

Current Zoning \_\_\_\_\_ Required Zoning \_\_\_\_\_

**OFFICE USE ONLY-DO NOT COMPLETE**

City Lot # _____	Application Date _____	Application # _____	Yes No
Occupancy Inspection Date _____	Approved (Yes/No) _____	Permit Date _____	Approved _____ Application Processed By _____
Permit Closed in Accela _____	Paperwork Scanned _____	Permit # _____	