

**NOTICE:** New Construction, Remodeling, Electrical, Gas Piping, HVAC, Decks, Sheds (200+ SF) AND DEMOLITION 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](mailto: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)

PROPERTY ADDRESS/LOCATION ↑

Estimated Construction Cost (ECC) \$ \_\_\_\_\_ include all work for which **THIS** permit is issued including any permanent equipment.

HVAC PERMITS

Size of Unit ↑↑    Tonnage/BTU's ↑↑    Furnace Type (Standard, High Efficiency) ↑↑

Project Description (Include square footage of the AFFECTED AREA)

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 _____
\$ _____	\$ _____	Sq. Ft. Charge/Plan Review _____	\$ _____		\$ _____	1% State Surcharge _____	\$ _____
Base Cost			Subtotal				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 _____