

Date received _____ Project value _____

Plan Review Number _____

NON-OBC CONSTRUCTION		OBC CONSTRUCTION	
Permit No.		Permit Total	\$
Date permit issued		House Bill	\$
Use Group		Total of all fees	\$
Fire Grading		Less nonrefundable deposit	\$
Occupancy Load		Balance due when permit issued	\$

ZONING DISTRICT: _____

PARCEL NUMBER: _____

CITY OF BRUNSWICK DIVISION OF PERMITS AND INSPECTIONS

4095 CENTER ROAD, BRUNSWICK, OHIO 44212

TEL: 330-558-6830 FAX: 330-273-8036

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

ADDRESS OF PROPOSED PROJECT _____

SUBLOT # FOR NEW _____

IS THERE A WATERCOURSE ON YOUR PROPERTY OR ON ANY ADJACENT PROPERTY? YES ___ NO ___

	NAME	MAILING ADDRESS	ZIP CODE	PHONE, FAX, CELL, E-MAIL
1. PROPERTY OWNER /TENANT				
2. CONTRACTOR				
EVERY CONTRACTOR AND SUBCONTRACTOR SHALL BE REGISTERED WITH THE CITY OF BRUNSWICK				
3. DESIGNER OF PLANS				

DESCRIBE, IN DETAIL, THE PROPOSED WORK. FOR NONRESIDENTIAL, DESCRIBE THE PROPOSED USE OF BUILDING OR UNIT. IF EXISTING USE IS BEING CHANGED, ENTER FORMER USE ALSO. _____

DOES THIS PROJECT REQUIRE CARBON MONOXIDE ALARMS?

YES ___ NO ___

(per Section 315 of the 2013 Residential Code of Ohio)

SUBMIT WITH APPLICATION:

- SIX (6) SETS OF SITE PLANS FOR NEW HOME;
- TWO (2) SETS OF CONSTRUCTION PLANS FOR MINOR PERMITS;
- TWO (2) SETS OF RESIDENTIAL 1 OR 2 FAMILY CONSTRUCTION DOCUMENTS
- THREE (3) SETS OF NON-RESIDENTIAL, MULTI-FAMILY OR CONDO CONSTRUCTION DOCUMENTS
- THE MEDINA COUNTY SANITARY ENGINEER OWNS & MAINTAINS ALL SANITARY SEWER LINES IN THE CITY OF BRUNSWICK. CONTACT THE MCSE AT (330)225-7100 FOR PERMIT INFORMATION

A. TYPE OF IMPROVEMENT 1. ___ NEW BUILDING 2. ___ ADDITION 3. ___ ALTERATION 4. ___ REPAIR, REPLACEMENT 5. ___ WRECKING – DEMOLITION 6. ___ MOVING (RELOCATION) 7. ___ FOUNDATION ONLY B. COST – VALUE 8. COST OR VALUE OF IMPROVEMENT... INCLUDING <u>VALUE</u> OF <u>LABOR AND</u> <u>MATERIALS</u> , EVEN IF FREE OF COST \$ _____	C. PROPOSED RESIDENTIAL USE 9. ___ 1, 2, 3-FAMILY R-4 10. ___ MULTI-SINGLE R-3 ENTER # OF UNITS _____ 11. ___ MULTI-FAMILY R-2 ENTER # OF UNITS _____ 12. ___ TRANSIENT – MOTEL R-1 13. ___ GARAGE U 14. ___ SHED U 15. ___ DECK U 16. ___ RETAINING WALL U 17. ___ FENCE U 18. ___ OTHER ____	D. PROPOSED NONRESIDENTIAL USE 19. ___ ASSEMBLY A ___ A-1; ___ A-2; ___ A-3; ___ A-4; ___ A-5 20. ___ BUSINESS B 21. ___ EDUCATIONAL E 22. ___ FACTORY, INDUSTRIAL F ___ F-1, ___ F-2 23. ___ HIGH HAZARD H ___ H-1; ___ H-2; ___ H-3; ___ H-3; ___ H-4 24. ___ INSTITUTIONAL I 25. ___ MERCANTILE M 26. ___ STORAGE S ___ S-1; ___ S-2 27. ___ UTILITY & MISCELLANEOUS U
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

E. PRINCIPAL TYPE OF FRAME 28. ___ COMBUSTIBLE, TYPE 5B 29. _____ LIST TYPE IF NOT 5B	F. PRINCIPAL TYPE OF HEATING FUEL 30. ___ NATURAL GAS 31. _____ LIST TYPE OF NOT NATURAL GAS
-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING FOR NEW BUILDING AND ADDITIONS

G. TYPE OF SEWAGE 32. ___ PUBLIC 33. ___ PRIVATE	H. TYPE OF WATER SUPPLY 34. ___ PUBLIC 35. ___ PRIVATE (WELL, COMMUNITY, ETC.)	I. TYPE OF MECHANICAL 36. ___ CENTRAL AIR CONDITIONING 37. ___ ELEVATOR
J. DIMENSIONS 38. NUMBER OF STORIES _____ 39. TOTAL GROSS SQ. FT. OF LIVING AREA _____ FINISHED BASEMENT _____ UNFINISHED BASEMENT _____ GARAGE _____	K. NUMBER OFF-STREET PARKING SPACES 40. ENCLOSED IN GARAGE _____ 41. OUTDOORS _____ 42. OFF-SITE _____	L. HEIGHT OF BUILDING/STRUCTURE 43. FROM FIRST FLOOR _____ M. RESIDENTIAL DETAILS 44. BATHS FULL ___ PARTIAL ___ 45. NUMBER OF BEDROOMS _____

CERTIFICATION: I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER(S) OF RECORD AND THAT I AM AUTHORIZED BY THE OWNER(S) TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND TO CONFORM TO THE CITY ORDINANCES AS WELL AS ALL APPLICABLE STATE AND FEDERAL LAWS THAT MAY BE IN EFFECT AT THE TIME THE PERMIT IS ISSUED, EVEN THOUGH THEY MAY CHANGE BETWEEN THIS DATE AND THE TIME A PERMIT IS ISSUED. I WILL INSURE THAT NO CONTRACTOR'S OR BUILDER'S SIGN WILL BE PLACED OR ERECTED FOR THIS JOB. FURTHER, I CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION SHALL BE CAUSE FOR PERMIT REVOCATION.

IS THE PROPOSED DEVELOPMENT LOCATED IN A FLOODPLAIN (PER CITY OF BRUNSWICK'S CURRENT FLOOD INSURANCE RATE MAP?) <input type="checkbox"/> YES <input type="checkbox"/> NO IF <u>YES</u> , THE APPLICANT <u>MUST</u> SUCCESSFULLY OBTAIN A FLOODPLAIN DEVELOPMENT PERMIT FROM THE BRUNSWICK CITY ENGINEER'S OFFICE BEFORE A BUILDING OR ZONING PERMIT CAN BE ISSUED.

APPLICANT'S PERSONAL NAME	
COMPANY NAME (IF APPLICABLE)	
APPLICANT'S MAILING ADDRESS	
ZIP CODE -	
APPLICANT'S DAYTIME PHONE NUMBER(S)	
CELL NUMBER	E-MAIL
APPLICANT'S SIGNATURE	DATE

CITY OF BRUNSWICK DIVISION OF PERMITS AND INSPECTIONS
4095 CENTER ROAD, BRUNSWICK, OHIO 44212
TEL: 330-558-6830 FAX: 330-273-8036
APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

Address of proposed project _____
S/L Number Street Number Street Name

New Building Addition Alteration or renovation

I do hereby understand that contractors & subcontractors whose work requires a permit are required to be bonded and insured and have a valid certificate of registration issued by the City of Brunswick for any project that exceeds \$1,000 in value. I further understand that *all* general contractors, contractors and/or subcontractors that work on this project are required to be registered with the City Income Tax Administrator prior to the issuance of any construction permits, regardless of project value.

Use of unregistered contractors or subcontractors may result in work stoppage, court citation, or both.

Below are all of the subcontractors that will work on this project:

<u>Trade</u>	<u>Name of contractor or subcontractor</u>	<u>City's Registration Number</u> <small>(This column for City use)</small>
GENERAL	_____	_____
Excavator:	_____	_____
Foundation:	_____	_____
Waterproofing:	_____	_____
Electrical:	_____	_____
Plumbing:	_____	_____
Framing:	_____	_____
Insulation:	_____	_____
Drywall:	_____	_____
Roofing:	_____	_____
Siding:	_____	_____
HVAC:	_____	_____
Concrete work:	_____	_____
Masonry:	_____	_____
Finish carpentry:	_____	_____
Exterior deck:	_____	_____
Landscaping:	_____	_____
Security:	_____	_____
Shelving:	_____	_____
Cabinetry:	_____	_____
Counter tops:	_____	_____
Flooring:	_____	_____
Garage door:	_____	_____
Painting:	_____	_____
Gutters:	_____	_____

NOTE # 1: Additional contractors and subcontractors shall be listed on an additional, attached, sheet.
NOTE #2: If a contractor engages a subcontractor subsequent to application for the permit and obtaining the permit, the contractor shall be responsible to immediately notify the Building & Zoning Department as to the subcontractor engaged along with that company's and/or individual's registration number.

Applicant's name printed: _____ Date: _____

Signature: _____