

Date received: \_\_\_\_\_ Project value: \_\_\_\_\_

**CITY OF BRUNSWICK DIVISION OF BUILDING**  
 4095 CENTER ROAD, BRUNSWICK, OHIO 44212  
 TEL: 330-558-6830 FAX: 330-273-8036  
**APPLICATION FOR MINOR BUILDING PERMIT**

PLAN REVIEW #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_ PARCEL #: \_\_\_\_\_ **HOA: YES / NO**  
 IS THERE A WATERCOURSE ON YOUR PROPERTY OR ON AN ADJACENT PROPERTY? **YES / NO**  
 DOES THIS PROJECT REQUIRE CARBON MONOXIDE ALARMS? **YES / NO**

*(PER SECTION 315 OF THE 2013 RESIDENTIAL CODE OF OHIO)*

Permit Cost	\$
House Bill, (State Tax) 1% or 3 %	\$
Total balance due when permit issued	\$

( \_\_\_\_\_ )  
 ADDRESS OF PROPOSED PROJECT \_\_\_\_\_ SUBLOT # FOR NEW \_\_\_\_\_

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**

DESCRIBE, IN DETAIL, THE PROPOSED WORK: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUBMIT WITH APPLICATION:**

- TWO (2) SETS OF CONSTRUCTION PLANS (for minor permits);
- THE MEDINA COUNTY SANITARY ENGINEER OWNS & MAINTAINS ALL SANITARY SEWER LINES IN THE CITY OF BRUNSWICK. CONTACT THE MCSE AT (330) 723-9585 FOR PERMIT INFORMATION.

**HOMEOWNER CERTIFICATION:**

I HEREBY CERTIFY THAT I AM NOT HIRING / PAYING AN UNREGISTERED CONTRACTOR TO PERFORM THIS WORK. (FALSE INFORMATION SHALL BE CAUSE FOR PERMIT REVOCATION).

**CONTRACTOR 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 & FEDERAL LAWS THAT MAY BE IN EFFECT AT THE TIME THE PERMIT IS ISSUED, EVEN THOUGH THEY MAY CHANGE BETWEEN THIS DATE & THE TIME A PERMIT IS ISSUED. I WILL ENSURE 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 THIS APPLICATION IS ACCURATE & TRUTHFUL TO THE BEST OF MY KNOWLEDGE. (FALSE INFORMATION SHALL BE CAUSE FOR PERMIT REVOCATION).

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: