APPLICATION FOR PLAN EXAMINATION & BUILDING PERMIT (MAJOR)

Date Received:	**CITY OF BRUNSWICK** **DIVISION OF BUILDING** **4095 CENTER ROAD** **BRUNSWICK, OHIO 44212** **TEL: 330-558-6830 / FAX: 330-273-8036**	

Plan Review/Application #:		
NON-OBC CONSTRUCTION	OBC CONSTRUCTION	
Permit No:	Permit Total:	$
Date permit issued:	House Bill: 0% 1% 3%	$
Use Group:	Total of all fees:	$
Fire Grading:	Less nonrefundable deposit:	$
Occupancy Load:	Balance due when permit issued:	$
ZONING DISTRICT IS _____	PARCEL NUMBER IS: 003-18 __ - __ __ - __ __ __	
(ABOVE IS FOR OFFICE USE ONLY)		

*

ADDRESS OF PROPOSED PROJECT: ***(+ SUBLOT # FOR NEW CONST)*** ***COST OF PROJECT: (FROM SECTION B OF PG 3)**

	NAME	MAILING ADDRESS	ZIP CODE	PHONE, FAX, CELL, E-MAIL
1. PROPERTY OWNER /TENANT				
		IF THIS IS A RENTAL PROPERTY, IT MUST BE REGISTERED WITH THE BLDG DEPT IAW CITY ORD 1440.27		
2. CONTRACTOR				
EVERY CONTRACTOR & SUBCONTRACTOR SHALL BE REGISTERED WITH THE CITY OF BRUNSWICK **1442.01(a)**				
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: _____

IS THERE A WATERCOURSE ON THIS PROPERTY OR ANY ADJACENT PROPERTY? YES / NO

DOES THIS PROJECT REQUIRE: **HOA APPROVAL** **YES / NO**

DOES THIS PROJECT REQUIRE: CARBON MONOXIDE ALARMS? YES / NO

(PER SECTION 315 OF THE 2019 RESIDENTIAL CODE OF OHIO)

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Current Codes

2017 National Electrical Code (Residential)
2017 Ohio Building Code
2017 Ohio Plumbing Code
2015 International Fuel Gas Code
2017 National Electrical Code (Commercial)
2017 Ohio Mechanical Code
2019 Residential Code of Ohio

Plan Submittals

Submit the Following with: Non-Residential Projects:
Email the Plans, if Larger than 20 MB, Email in Parts (1 of 3, 2 of 3 etc)
Mail or Drop Box: 2 - Hard-Copy Sets of Plans

Submit the Following with: New Residential Homes:
6 - Sets of Site Plans (*Topographical Surveys*)
Email the Plans, if Larger than 20 MB, Email in Parts (1 of 3, 2 of 3 etc)
Mail or Drop Box: 2 - Hard-Copy Sets of Plans

Submit the Following with: Residential Additions/Alterations:
2 - Hard-Copy Sets of Plans

*The **Medina County Sanitary Engineer** Owns & Maintains the Public Sanitary Sewer Lines for the City of Brunswick*

Please Contact the **Medina County Sanitary Engineer** at
(330) 723-9585
for Their Permit & Plan Submittal Requirements

Please contact the **Medina County Health Department** at
(330) 723-9688
for Permit Requirements Relating to Food Establishments

*Submit to: **PLANS@BRUNSWICK.OH.US**

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

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 **VALUE** OF LABOR **&** MATERIALS, ***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 IF NOT NATURAL GAS

COMPLETE THE FOLLOWING FOR NEW BUILDING & 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 & THAT I AM AUTHORIZED BY THE OWNER(S) TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT & 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 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 & TRUTHFUL TO THE BEST OF MY KNOWLEDGE. FALSE INFORMATION SHALL BE CAUSE FOR PERMIT REVOCATION.*

IS THE PROPOSED DEVELOPMENT LOCATED IN A FLOODPLAIN ☐ YES ☐ NO
(PER CITY OF BRUNSWICK'S CURRENT FLOOD INSURANCE RATE MAP?)
IF YES, THE APPLICANT MUST 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:

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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 & insured & 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 &/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.

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

*(*The use of unregistered contractors or subcontractors may result in work stoppage, court citation, or both*)*

TRADE	***(Permit holder will update this list as necessary)*** ***Name of Contractor or Subcontractor***	***(This column is for City use)*** ***City's Registration Number***
GENERAL		
Cabinetry:		
Concrete work:		
Counter tops:		
Drywall:		
Electrical:		
Excavator:		
Exterior deck:		
Finish carpentry:		
Flooring:		
Foundation:		
Framing:		
Garage door:		
Gutters:		
HVAC:		
Insulation:		
Landscaping:		
Masonry:		
Painting:		
Plumbing:		
Roofing:		
Security:		
Shelving:		
Siding:		
Waterproofing:		
_____		

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

Applicant's name printed: _____ Date: _____

Signature: _____

COMPLETE THIS PAGE ONLY IF THERE ARE ADDITIONAL CONTRACTORS WORKING ON THIS JOB