



132 North Elmwood Avenue, Medina, Ohio 44256  
 Telephone 330-722-9030 Fax 330-764-4385 [www.medinaoh.org](http://www.medinaoh.org)

**BUILDING**  
PERMIT APPLICATION

## BUILDING PERMIT & ZONING CERTIFICATE APPLICATION

PERMIT FEE \$ \_\_\_\_\_ ZONING CERTIFICATE FEE \$ \_\_\_\_\_  
 DATE: \_\_\_\_\_ SQUARE FEET \_\_\_\_\_

**Building Permit No.** \_\_\_\_\_

Signee hereby agrees to comply with all laws of the State of Ohio and Codified Ordinances of the City of Medina to build or alter a structure or space in accordance with approved plans and specifications on file at the Building Department. The acceptance of this permit shall constitute an agreement on the part of the applicant to abide by all conditions herein contained, and to comply with all ordinances of the City of Medina, and laws of the State of Ohio, relating to the work to be done.

ISSUED BY: \_\_\_\_\_  
 (Building Official)

ISSUED BY: \_\_\_\_\_  
 (Zoning Official)

**APPLICANT TO COMPLETE THIS SECTION**  
 \* REQUIRED FIELDS

### APPLICATION INFORMATION

\*Location of project: \_\_\_\_\_ Lot No. \_\_\_\_\_

\*Estimated Cost (omit cents) \$ \_\_\_\_\_ P.P.N. \_\_\_\_\_

\*Type of improvement: NEW \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATION \_\_\_\_\_ CHANGE OF USE \_\_\_\_\_ OTHER \_\_\_\_\_

\*Type of Use: Single Family \_\_\_\_\_ Duplex \_\_\_\_\_ Multi-Family \_\_\_\_\_ # Units \_\_\_\_\_ Commercial \_\_\_\_\_  
 Industrial \_\_\_\_\_ Deck \_\_\_\_\_ Pool \_\_\_\_\_ Garage \_\_\_\_\_ Shed \_\_\_\_\_ Other \_\_\_\_\_

\*Use Group: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5  
 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

\*Type of Construction: I-A I-B II-A II-B III-A III-B IV V-A V-B

\*Owner: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\*Contractor: \_\_\_\_\_ \*Registration #: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ \*E-Mail \_\_\_\_\_

\*Architect: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

The undersigned certifies the information and statements given on this application, drawings and specifications, in the absence of fraud, are to the best of their knowledge, true and correct. **Undersigned accepts responsibility for requesting all required inspections in a timely manner.**

\*Signature of Applicant\* \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Print Name of Applicant signing this document

HVAC Permit # & Fee (if applicable)	Elect Permit # & Fee (if applicable)	Plumb Permit # & Fee (if applicable)	Planning Application # (if applicable)
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\* Must be signed by owner, legal tenant, or, owner's authorized agent