



132 North Elmwood Avenue, Medina, Ohio 44256
 Telephone 330-722-9030 Fax 330-764-4385 www.medinaoh.org

BUILDING
 PERMIT APPLICATION

BUILDING PERMIT & ZONING CERTIFICATE APPLICATION

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

Building Permit No. _____
 is hereby granted to owner: _____

who 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 No.:** _____

Street: _____ City: _____ State: _____

Zip: _____ Phone No.: _____ ***E-Mail** _____

***Architect:** _____ Street: _____

City: _____ State: _____ Zip: _____ Phone No.: _____

***FAX 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

Water Permit No.	Sewer Permit No.	Sanitation Dept.	Zoning No.
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* Must be signed by owner, legal tenant, or, owner's authorized agent and provide written authorization from owner