



**CITY OF MANSFIELD  
BUREAU OF BUILDING AND CODES**

30 NORTH DIAMOND STREET – 3RD FLOOR MANSFIELD, OHIO 44902

Phone (419) 755-9688 Fax (419) 755-9453

www.ci.mansfield.oh.us

**COMMERCIAL / RESIDENTIAL / ELECTRICAL / ALTERATION PERMIT APPLICATION**

**PROJECT**

Project Name \_\_\_\_\_

Description of Project \_\_\_\_\_

Address \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Estimated Cost of Construction \_\_\_\_\_

**DESIGN FIRM**

Contact \_\_\_\_\_

Firm Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Plans Prepared by \_\_\_\_\_ No Plans Submitted  With Spec Book \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Ohio Reg. No. \_\_\_\_\_ Other \_\_\_\_\_

**OWNER**

Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone No \_\_\_\_\_

**GENERAL CONTRACTOR**

Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone No \_\_\_\_\_

**ELECTRICAL CONTRACTOR**

Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone No \_\_\_\_\_

**MECHANICAL CONTRACTOR**

Contact \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone No \_\_\_\_\_

**DESCRIPTION OF CONSTRUCTION**

Commercial       Residential       Manufactured Home

New       Addition       Alteration       Change of Use       Change of Occupancy

**CONSTRUCTION TYPE** (check all that apply)

- 1-A   
  1-B   
  2-A   
  2-B   
  3-A   
  3-B   
  4   
  5-A   
  5-B

**USE GROUP CLASSIFICATION** (check all that apply)

- A1   
  A2   
  A3   
  A4   
  A5   
  B   
  E   
  F1   
  F2
- H1   
  H2   
  H3   
  H4   
  H5   
  I1   
  I2   
  I3   
  I4
- M   
  R1   
  R2   
  R3   
  R4   
  S1   
  S2   
  U

If building is Use Group R1, R2, R3, or R4 specify number of apartments or units \_\_\_\_\_

Site/Storm water Management Approval issued? \_\_\_\_\_

Yes

No

Zoning Permit issued? \_\_\_\_\_

Yes

No

Sewer Permit issued? \_\_\_\_\_

Yes

No

Sewer Contractor Information Required

Plumbing Permit issued? \_\_\_\_\_

Yes

No

Final Inspection Required Prior to Certificate of Occupancy Issued

**ENTER OUTSIDE DIMENSIONS FOR EACH FLOOR - LENGTH X WIDTH**

|                           |  |
|---------------------------|--|
| <b>Basement</b>           |  |
| <b>First Floor</b>        |  |
| <b>Second Floor</b>       |  |
| <b>Third Floor</b>        |  |
| 4,5,6,7,8 (circle number) |  |
| if more floors enter #    |  |
| <b>Total Square Feet</b>  |  |

| SEE FEE SCHEDULE FOR APPROPRIATE FEES     | BASE FEE | SQUARE FEET FEE | LINE TOTAL FEE |
|---|----------|-----------------|----------------|
| NEW BUILDINGS/ADDITIONS/STRUCTURAL        |          |                 |                |
| BUILDING ALTERATIONS/STRUCTURAL           |          |                 |                |
| NEW BUILDINGS/ADDITIONS/ELECTRICAL        |          |                 |                |
| BUILDING ALTERATIONS/ELECTRICAL           |          |                 |                |
| FIRE SUPPRESSION/SPRINKLER/ALARM          |          |                 |                |
| SIGNAGE / OTHER                           |          |                 |                |
| STORMWATER MANAGEMENT/ SITE PLAN APPRVL   |          |                 |                |
| WATER TAP PERMIT                          |          |                 |                |
| SEWER TAP PERMIT                          |          |                 |                |
| ZONING CERTIFICATE                        |          |                 |                |
| ELECTRICAL PERMIT/METER RESET/RESIDENTIAL |          |                 |                |
| ELECTRICAL PERMIT/METER RESET/COMMERCIAL  |          |                 |                |
| CONSTRUCTION WATER                        |          |                 |                |
| TEMPORARY ELECTRIC METER                  |          |                 |                |
| SUB-TOTAL                                 |          |                 |                |
| 3% STATE ASSESSMENT - COMMERCIAL          |          |                 |                |
| 1% STATE ASSESSMENT - RESIDENTIAL         |          |                 |                |
| <b>TOTAL</b>                              |          |                 |                |

**NOTICE ! YOU ARE RESPONSIBLE TO REQUEST THE FOLLOWING INSPECTIONS TO BE MADE BY THIS DEPARTMENT**

- |  |   |
|--|---|
| 1. FOOTER - Before Concrete is Poured                        | 3. ELECTRIC SERVICE - Prior to Final              |
| 2. FRAMING ROUGH-IN ELECTRIC/HVAC - Before Walls are Covered | 4. FINAL BUILDING/ELECTRICAL - Prior to Occupancy |

NOTE: A one day prior notice is required for inspections. Meter reinstallations, new services, and service upgrades are based on one inspection. Each additional inspection required due to improper work or failure to provide access to the job site will require a re-inspection fee. Occupancy prior to a final inspection will require an additional fee.

Signature of Applicant

Title

Date

Printed Name

Contact No

Application Reviewed

Date

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Zoning Administrator

City Planning Commission Approval

Maximum Occupancy Load

Plan Examiner

Plan Examiner/Chief Building Official

**NOTICE:** The approval of this application, drawing or any notations thereon shall not excuse the applicant from complying with all building ordinances, all statutes of the State, the rules of the State and the Bureau of Building and Codes, all of which are implied to be included herein and made a part thereof, all objections to same are hereby waived by the applicant whose signature is hereto attached.

**THIS APPLICATION BECOMES VOID IF CONSTRUCTION HAS NOT COMMENCED WITHIN 12-MONTHS  
OR HAS BEEN SUSPENDED FOR 6-MONTHS**

**NOT VALID UNLESS STAMPED**

|               |                           |
|---------------|---------------------------|
| DATE PAID     |                           |
| AMT DUE       |                           |
| AMT PAID      |                           |
| BALANCE DUE   |                           |
| PAID BY       | CASH      CHECK NO. _____ |
| RECEIVED FROM |                           |

|               |                           |
|---------------|---------------------------|
| DATE PAID     |                           |
| AMT DUE       |                           |
| AMT PAID      |                           |
| BALANCE DUE   |                           |
| PAID BY       | CASH      CHECK NO. _____ |
| RECEIVED FROM |                           |



**PLEASE MAKE CHECKS PAYABLE TO THE CITY OF MANSFIELD**