



City of Celina Engineering/Inspection Department 225 N. Main Street, Celina, OH 45822 Tel. (419) 586-1144 Fax (419) 586-2577 APPLICATION FOR BUILDING/ZONING PERMIT	Application received on: _____ / _____ / _____ Received by: _____ Permit # _____
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PLEASE PRINT LEGIBLY AND FILL OUT FORM COMPLETELY

PROPERTY ADDRESS: _____

APPLICANT NAME: _____ **PHONE:** (____) _____

APPLICANT ADDRESS: _____ **FAX/CELL:** (____) _____

CITY _____ **STATE** _____ **ZIP** _____ **EMAIL:** _____

An application is hereby made for a permit for construction as indicated herein and which shall be located as shown on the plot plan submitted herewith and/or to use the premises for the purpose herein described. Applicant agrees that such work will comply with all provisions of the Zoning Ordinance, Building Code, with all deed restrictions and with all other applicable Ordinances of the City of Celina.

APPLICANT PRINTED NAME AND SIGNATURE: _____

PROPERTY OWNER PRINTED NAME AND SIGNATURE IF DIFFERENT THAN APPLICANT: _____
 _____ **PHONE** (____) _____ **DATE** ____/____/____

CONTRACTOR NAME: _____ **PHONE** (____) _____
ADDRESS: _____ **FAX/CELL** (____) _____
CITY _____ **STATE** _____ **ZIP** _____ **TAX ID #** _____

PLUMBER'S NAME: _____ **PHONE** (____) _____
ADDRESS: _____ **FAX/CELL** (____) _____
CITY _____ **STATE** _____ **ZIP** _____ **STATE LIC. #** _____

ELECTRICIAN'S NAME: _____ **PHONE** (____) _____
ADDRESS: _____ **FAX/CELL** (____) _____
CITY _____ **STATE** _____ **ZIP** _____ **TAX ID #** _____

APPLICATION FOR:	PROPOSED USE:	LOT INFORMATION	GENERAL INFORMATION	
<input type="checkbox"/> New Building <input type="checkbox"/> Home Occupation <input type="checkbox"/> Demolition <input type="checkbox"/> Residential Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Non-Residential Bldg <input type="checkbox"/> Non-Residential Addn. <input type="checkbox"/> Fence <input type="checkbox"/> Change of Use <input type="checkbox"/> Temporary <input type="checkbox"/> Parking Lot <input type="checkbox"/> Sign <input type="checkbox"/> R.O.W. permit <input type="checkbox"/> _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Group Home <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Utility or Misc. <input type="checkbox"/> Conditional Use <input type="checkbox"/> Home Occupation <input type="checkbox"/> _____	Lot Width _____ Required Width _____ Lot Depth _____ Required Depth _____ Lot Area _____ Area Main Bldg _____ Area Access Bldg _____ # Bldgs on Lot _____	<input type="checkbox"/> Corner Lot <input type="checkbox"/> Interior Lot <input type="checkbox"/> Lot on Cul-de-sac <input type="checkbox"/> Modular Home <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Addition	Zoning District _____ BUILDING TYPE: <input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> _____ HEATING TYPE: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other

EXISTING STRUCTURE INFORMATION
 Interior Floor Space _____ sq. ft. # of Bedrooms/Apartments _____ # Of Stories _____ Height to peak _____ ft.

DESCRIPTION OF PROPOSED WORK: TOTAL SQ. FT. ADDED _____ **COST OF PROPOSED WORK \$** _____

PROPOSED CONSTRUCTION PROJECT INFORMATION

I (the applicant) have attached the following project information for review:

- A scale drawing of the property and the proposed project
- Drawing includes elevations of proposed project
- Drawing includes alleys, easements and streets that abut property where project will take place
- State approval (if required call 937-440-8121)

PROPOSED SIGN INFORMATION

Total _____ sq. ft. of all signs at project location

I have attached the following proposed **sign** information for review:

- A scale drawing or photo rendering of the proposed sign showing height and width of all signs and framing
- Plan includes location placement on property of proposed signs
- Drawing includes alleys, easements and streets that abut property where project will take place
- State approval (if required call 937-440-8121)

APPLICATION APPROVED AS PRESENTED _____ / ____ / ____
Zoning Inspector/Designee

APPLICATION DENIED _____ / ____ / ____
Zoning Inspector/Designee

- Plan is incomplete
- More information needed for review
- Plan conflicts with requirements of Section # _____ of the Zoning Ordinance of the City Celina Ohio. Variance application and approval are required.
- A Site Plan approval required

A COPY OF THIS COMPLETED FORM WILL BE SENT TO YOU, CELINA TAX OFFICE AND MERCER COUNTY AUDITOR’S OFFICE. ORIGINALS WILL BE KEPT ON FILE IN THE CELINA ENGINEERING DEPARTMENT.

ALL COMMERCIAL, INDUSTRIAL AND APARTMENT (4 UNITS AND UP) STRUCTURES AS WELL AS MOST SIGNS REQUIRE STATE BUILDING APPROVAL PRIOR TO CONSTRUCTION OR PLACEMENT. YOU ARE REQUIRED TO MAKE THIS CONTACT (INFORMATION BELOW).

STATE BUILDING INSPECTION NEEDED – PLEASE CALL 937-440-8121 FOR INFORMATION

PERMIT ISSUED BY: _____ **DATE** ____ / ____ / ____
Celina Building/Zoning Inspector

PERMIT # ASSIGNED _____ **EXPIRATION DATE** ____ / ____ / ____



IF STATE PERMIT REQUIRED PERMIT APPLICATION WILL BE FAXED TO 937-440-5486

OFFICE USE ONLY

Is the property located within a platted subdivision? Yes No

Will any work be performed within the City or State right-of-way? Yes No

Will any structure be removed as part of this project? Yes No

Flood Zone? Yes No if yes, Zone _____ If yes, attach Flood Hazard Permit Application

Is this project subject to State of Ohio review? Yes No If yes attach copy of State review/permit # _____

Planning Commission Approval Required Yes No **Variance Required** Yes No

APPROVAL:	<i>REVIEWER AND DATE</i>			
<input type="checkbox"/> ZONING _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> DESIGN _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> ELECTRIC _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> WATER _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> SEWER _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> FIRE _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> PUBLIC WORKS _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> BZA _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A
<input type="checkbox"/> PLANNING _____	____/____/____	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> N/A

APPROVAL CONDITIONS _____

BZA, DESIGN COMMISSION OR PLANNING COMMISSION MINUTES ATTACHED

INTEROFFICE USE

The following impact/permit fees apply to this project and must be paid at the time of or prior to the issuance of this Building/zoning permit.

Sewer tap/impact Water tap/impact Plumbing Permit Temporary Electric

Permit Fee: \$ _____ **BZA Fee:** \$ _____ **Planning/Design Review Fee:** \$ _____

Other fees paid (type) _____ \$ _____

Date paid ____/____/____ **Receipt #** _____