

Non-Residential Building Permit Application

City of Warren, Ohio

Engineering, Planning & Building Department
540 Laird Avenue S.E. Warren, Ohio 44484
Phone: (330) 841-2916 – Fax: (330) 841-2614

1. Job Information

Job Address: _____ Unit No. or Letter: _____

City: _____ State: _____ Zip: _____

Mall, Strip Mall, Plaza, Hospital or Building Name (if applicable): _____

2. Class of Work: NEW ADDITION ALTERATION REPAIR

3. Valuation of Work (include all trades) _____

4. Use of Building: _____

5. Building Owner/Firm

Name as appears on mortgage, title, or property deed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

6. Occupant Information

Occupant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business name as it will appear on building signage or in directories: _____

7. General Contractor

Company Name: _____

Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____

8. Project Superintendent

Name: _____

Business Phone: _____ Fax: _____

Mobile Phone: _____

9. Subcontractors (Complete for all subcontractors that will be working at the site)

Site work/Excavating Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Footer/Foundation Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Masonry Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Concrete Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Framing Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Roofing Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Insulation Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Painting Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Wall Covering Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Floor Covering Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Electrical Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

HVAC Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Plumbing Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Sprinkler Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Fire-Alarm Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Other Contractor: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Attach additional pages for sub-contractors, if necessary.

10. Food Service/Establishment, Flea Market, Organizational Vendor’s, Special Use Licenses.

Food service/establishment licenses must be obtained from the City of Warren Health Department where any products, sold or given away, are foodstuffs. For more owner information please contact the health department offices (330) 841-2611.

11. Codified Ordinances of the City of Warren Ohio

1305.015 Registration Requirements

No person, firm, company or corporation shall engage in the business of contracting for services to be rendered, in part or in full, for any work in connection with the location, erection, construction, repair, alteration, moving and/or equipping of a building or structure which is subject to the Ohio Building Code (OBC) without first registering with the City.

1305.11 Failure to Obtain A Contractor’s Registration

If any work is commenced before obtaining the necessary and appropriate contractor registration, the appropriate fee shall be increased to two (2) times the applicable amount and payable before said work can continue.

Applications are not processed on a walk-in basis. Please allow up to 30 days for processing.

NOTICE: Separate applications and permits are required for electrical, plumbing, heating, ventilating or air conditioning, fire protection system(s), and street right of way.

IMPORTANT REMINDER: Incomplete applications will be returned to the applicant when the following are not included to begin the permit process.

I hereby certify that the proposed work is authorized by the building owner of record, and that I have been authorized by the owner to make this application as his or her authorized agent, and we agree to conform to all applicable laws of this jurisdiction.

I hereby certify that I have read and examined this document and know the same to be true and correct. Granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

I hereby acknowledged that this is an application for the building permit to be issued and not an approval to begin work.

Applicant (Print Name) Applicant (Signature) Date

Phone No: _____ Fax No: _____