

# 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: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 6. Occupant Information

Occupant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
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: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

### 8. Project Superintendent

Name: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
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: \_\_\_\_\_ E-mail: \_\_\_\_\_

Footer/Foundation Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Masonry Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Concrete Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Framing Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Roofing Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Insulation Contractor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Wall Covering Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Floor Covering Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

HVAC Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sprinkler Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fire-Alarm Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Contractor: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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: \_\_\_\_\_ E-mail: \_\_\_\_\_