



**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

Basement	
First Floor	
Second Floor	
Third Floor	
4,5,6,7,8 (circle number)	
if more floors enter #	
Total Square Feet	

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			
TOTAL			

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