



Seneca County Building Department
 92 E. Perry Street Suite 1103
 Tiffin, OH 44883
 419-447-8022
 senecacountybuildingdept@safebuilt.com

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DATE: _____ PL. RV# _____ PERMIT # _____

LOCATION ADDRESS: _____ **UNIT/FLOOR #** _____
PROJECT/BUSINESS TENANT: _____ **TENANT PHONE:** _____
PROJECT NAME: _____ **PROJECT VALUATION: \$** _____
SQ. FT. _____ (Round UP to nearest 10 sq. ft.)

TYPE OF IMPROVEMENT:

<input type="checkbox"/> NEW BLDG	<input type="checkbox"/> REPAIR	<input type="checkbox"/> ADDITION	<input type="checkbox"/> SIDING
<input type="checkbox"/> ALTER/REMODEL	<input type="checkbox"/> EXISTING	<input type="checkbox"/> POLE BLDG	<input type="checkbox"/> REROOF
<input type="checkbox"/> OTHER	<input type="checkbox"/> SIGNAGE		

DETAILED DESCRIPTION OF WORK:

CONTRACTOR: _____ **EMAIL:** _____
ADDRESS: _____ **PHONE:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____

PROPERTY OWNER: _____ **PHONE:** _____
ADDRESS: _____ **EMAIL:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
TENANT NAME: _____ **TENANT PHONE:** _____

FEES OWED:
 The office will determine fee totals. (See fee schedule for reference) Please contact us with any questions.

<input type="checkbox"/> Check		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Credit Card		
Do not send payment with initial submittal.		
SIGNATURE: _____ Applicant, Agent, Owner		
	TOTAL	\$

The applicant, agent, owner of this property and the undersigned is (1) responsible to verify all property lines, (2) responsible for making arrangements for all inspections. **CALL BEFORE YOU DIG – OUPS – 1-800-362-2764**