



WOOD COUNTY BUILDING INSPECTION

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<https://wcbinspect.co.wood.oh.us>

HEALTH & SAFETY APPLICATION

Name of Facility _____ County _____

Site Address _____ City/Township _____

Located N S E W side, between _____ and _____

Owner _____ Address _____ Phone _____

Type of Construction _____ Use Group _____ Change of Use: Yes / No

PERMIT FEES

Health & Safety Certificate \$175

3% State Fee \$5.25

TOTAL: \$180.25

Signature: **X** _____

Print Name: _____

Street Address: _____

City/State/Zip: _____ Email: _____

Phone No. _____ Date: _____ File No. _____

The undersigned hereby makes application for the construction, installation, replacement or alteration as herein specified, agreeing to do all such work in strict accordance with the 2024 Ohio Building Code and Wood County Regulations, and to save Wood County, Ohio harmless from any and all damages. I understand that the permit issued as a result of this application will expire within one (1) year from issue date if the work has not commenced or lack of any progress.