City of Oberlin, Ohio – Building Department
85 S. Main Street, Oberlin, Ohio, 44074 Phone (440) 774-3428 Fax (440) 775-7208
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RESIDENTIAL PLAN APPROVAL APPLICATION

Accessory Structure/Foundation/Waterproofing/Water Control (3)

Project Name _____ Date _____
Address _____Permanent Parcel #_____
Zoning District _____ Historical Landmark Yes ☐ No ☐ Don't Know ☐

Owner _____ Phone _____
Address _____ EMAIL _____
City _____ State_____ Zip _____

Contractors Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Registration # _____ EMAIL _____

Accessory Structure **New** ☐ **Repair** ☐ **Alteration** ☐
Garage ☐ Shed ☐ Patio Enclosure ☐ Deck ☐ Porch ☐ Gazebo ☐ Other ☐
(Other) _____

Required: Two (2) sets of drawings, including typical sections and elevations.
Plot Plan, showing location, with dimensions to other structures & property lines.
Attach additional permit requests-electrical, plumbing, hvac, etc.
The structure will be located a minimum of four (4) feet from rear property lines.
The structure will be in the rear yard and within the side yard setbacks.

Size of Structure (L) _____ (W) _____ (H) _____ **Contains** _____ Sq. Ft.
Estimated Cost _____

Foundation **Repair** ☐ **Replace** ☐ **Footer** ☐
Wall/Footer - Front ☐ , Right ☐ , Left ☐ , Rear ☐ , All Exterior ☐ , Interior ☐
Percent Repair/ Replace _____
Estimated Cost _____

Waterproofing/ Water Control Outside ☐ Inside ☐ BOTH ☐
Walls Front ☐, Right ☐, Left ☐, Rear ☐, ALL ☐
Cleanouts required on each side of home, if being worked on.
Backfill shall be washed stone or gravel, 18" wide and to within 2' of final grade.
Stone or gravel to be covered with approved filter membrane material.
Walls shall be dampproofed with bituminous coating.
If a new sump pump is required a separate permit is required. A dedicated circuit shall be installed.
Estimated Cost _____

Applicant (Print) _____ Signature _____

***1% will be added to the total cost of your permit–this is sent to the State of Ohio Board Standards. This money is used for code development and training. ***

Application Approved ☐ Application Denied ☐ By _____ Date _____