



Building Department
 69 S. Main St
 Oberlin, Ohio, 44074
 Phone (440) 774-3428
 Fax (440) 774-9035
 www.cityofoberlin.com

RESIDENTIAL PLAN APPROVAL and PERMIT APPLICATION

Date _____

Project Name _____ **Address** _____ **Sub Lot** _____
Property Owner _____ **Address** _____ **City** _____ **State** _____
Telephone # _____ **Cell Phone #** _____ **Email** _____

Permanent Parcel # _____ **Zoning District** _____ **Historical Landmark** Yes___ No___ Unknown___

Contractor _____ **Address** _____ **City** _____
Zip _____ **Telephone #** _____ **Cell #** _____ **Email** _____
 Are you currently Registered Yes ___ No ___ **Registration #** _____

Accessory Structure: New ___ Repair ___ Alteration ___
 Garage ___ Shed ___ Patio Enclosure ___ Deck ___ Porch ___ Gazebo ___ Other _____
Size of Structure (L) _____ **(W)** _____ **(H)** _____ = Sq. Ft.

Submissions Required: Two (2) sets of drawings, including typical sections and elevations. Plot Plan with dimensions to other structures & property lines. Attach additional approval/ permit requests-Electrical, Plumbing, HVAC, etc.
 Structure will be located a minimum of four (4) feet from rear property lines and will be in the rear yard also within the side yard setbacks.

Foundation/Wall/Footer: Repair___ Replace___ **Waterproofing/ Water Control:** _____
 Front ___ Right ___ Left ___ Rear ___ All ___ Exterior ___ Interior___ Both ___

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.

Reroof:* Type of Roofing _____ Total Squares _____ Percent Replacement _____ %
 Complete Tearoff and Replace___ Roof Sheathing Replace___ Gutters/ Downspouts___
 Gutter Protectors ___ Facia / Underhang ___

*Take Picture of Installed Ice Guard and submit to Building Dept. for permanent address file.

RCO 907.3 allows a maximum of two (2) layers for reroof. Existing layers must be removed.
 RCO 905.2.7.1 requires Ice Guard to be used on all roofs except detached accessory structures having no heat.
 RCO requires ventilation at 1 to 150 ratio of roof area or other methods in RCO 806.2.

One (1) percent (%) will be added for STATE SURCHARGE to subtotal of building permits

By signing this application, I certify that I am an authorized agent for performing the work stated above and all information provided is true. I further understand that if any information is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other local ordinances.

Date _____ **Estimated Cost** _____

Please Print Name _____

Signed _____ **Telephone/ Cell #** _____

Application: Approved ___ Denied ___ **By:** _____ **Date:** _____