



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 #** _____

Design Professional _____ **Telephone #** _____

Type of Improvement: New___ Addition*___ Alteration/ Repair*___ **Dwelling Units:** 1___ 2___ 3___

Brief Description of Job _____

Submissions

Building Plans – Two (2) Sets _____

Energy Code Compliance for RCO/ IECC _____

Topo – Two (2) For NEW Homes _____

Plot Plan – Two (2) for ADDITIONS _____

Additional Applications (as necessary) for Electrical/ HVAC/ Plumbing _____

*Addition (Sq. Ft. _____) **PLUS** ADDITIONAL AREA HAVING ANY WORK DONE (Sq. Ft. _____) = Total Sq. Ft.

Total Sq. Ft. (include basement & garage) _____ Sq. Ft. Value or Contract Amount \$ _____

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 _____

Please Print Name _____

Signed _____

Telephone/ Cell # _____

Application: Approved___ Denied___ **By:** _____ **Date:** _____