



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

PLUMBING

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 #** _____

Nature of Work

Plumbing New___ Addition___ Remodel/Alteration___ (Total Sq. Footage* _____)

Hot Water Tank: Replacement___ Add___ (Gal. ___ BTU _____) **Tankless**___ **Instant Hot**___

Water Softener___ **Water Filtration:** Whole House___ Under Counter___

Sump___ **Sewage Ejector**___ (New___ Replace___) **Backwater Valve**___

Repair: Gas___ Water___ DWV Lines___ (Interior___ Exterior___)

Replacement / New : Gas___ Water___ DWV___

Hydronic System: New___ Replacement___ **Hydronic Boiler:** Repair___ Replace___ **Backflow:**___

Gray Water System___ (Need complete Design And Drawings)

Lawn Sprinkler System (Includes Backflow)___ [Certification # for Backflow Installation _____]

OTHER _____

PROVIDE ADDITIONAL DETAILS and ISO DRAWING (any New/Addition) WITH APPLICATION

Installations must be in accordance with the Ohio Plumbing Code, the current edition, and Referenced Documents

* **New** - basement, attached garage, covered porches = total Sq. Ft. of living space /
Addition/Remodel/Alteration – add Sq. Ft. of areas where work is being done

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:** _____