



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

MISC.

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 #** _____

Miscellaneous: Siding___ Windows___ Doors___ Facia/ Underhang___ Gutters/Downspouts___
 Insulation___ *Type:* Cellulose___ Fiberglass (loose blown)___ Fiberglass (batt.)___ Foam___
 Public Walks___ Service Walks___ Driveway___ Patio___ Other _____

Change of windows/doors If enlarging opening, a drawing is needed, showing header and support.
 Show a simple sketch with dimensions for walks, drive, patio and location.

PODS : Portable Storage Containers / Temp. Storage Trailer / Construction Dumpster

Type _____ Location (ie.- drive/s.e. lot corner/ etc.) * _____
 Start Date _____ End Date _____

**For POD location - A simple plot plan may be presented showing location.*

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:** _____