

CITY OF EATON INSPECTION & ZONING

**RESIDENTIAL BUILDING PLAN APPROVAL APPLICATION**

ADDRESS: 328 North Maple Street  
Eaton, OH 45320-0027

PHONE: 937-456-7155  
FAX: 937-472-5681  
EMAIL: [ebd@cityofeaton.org](mailto:ebd@cityofeaton.org)

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND LEGIBLY  
TO BE ACCEPTED FOR PROCESSING**

NOTE: Permit approval certifies compliance with building codes based upon the information submitted by the owner/applicant.  
**Must have zoning permit and health department approval where applicable prior to permit being issued.**

NOTE: **The applicant warrants the truthfulness of the information provided on submitted application and plans. Any information provided that is incorrect may result in the permit being REVOKED.**

PLEASE NOTE: **All residential building applications must have attached two (2) sets of detailed & legible construction drawings.**

1. Date: \_\_\_\_\_ 2. Estimated project cost: \_\_\_\_\_

3. Square footage: Living \_\_\_\_\_ Non-living \_\_\_\_\_ Accessory structure/Garage \_\_\_\_\_

4. Project address: \_\_\_\_\_

5. Construction description: \_\_\_\_\_

6. Complete the following (LEGIBLY):

PROPERTY OWNER INFORMATION:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone no.: \_\_\_\_\_ (home/work/cell)

Email: \_\_\_\_\_

CONTRACTOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone no.: \_\_\_\_\_ (home/work/cell)

Email: \_\_\_\_\_

7. Applicant(s) / owner(s) signature: \_\_\_\_\_

Owner(s) \_\_\_\_\_ Applicant(s) \_\_\_\_\_ (please indicate one)

8. Applicant(s) / Owner(s) **PRINTED** name: \_\_\_\_\_

ELECTRICAL & HVAC CONTRACTORS ARE TO OBTAIN THEIR SEPARATE PERMITS.

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**OFFICE USE ONLY**

Reviewer: \_\_\_\_\_

Date approved: \_\_\_\_\_

Application no.: \_\_\_\_\_

Date denied: \_\_\_\_\_

Zoning permit: \_\_\_\_\_

Permit no.: \_\_\_\_\_

Health dept. approval: \_\_\_\_\_

Permit fee: \_\_\_\_\_