

Vermilion Township
www.vermiliontownship.com

Requirements for obtaining a BUILDING PERMIT

Prior to Construction of any kind

AS PER OHIO BUILDING CODE SECTION 106. PLEASE ALLOW UP TO **30 DAYS FOR PLAN REVIEWS**

1. **FIRST! Approved Zoning Permit, if required**
2. Completed Building Permit Application
3. **SUBMITAL REQUIREMENTS FOR: REMODELING/ADDITIONS/ALTERATIONS/ NEW HOME/POLE BUILDINGS, ELECTRICAL, MECHANICAL, DECKS, SWIMMING POOLS ETC.**
(IF UNSURE IF BUILDING PERMIT IS REQUIRED, CONTACT VERMILION TOWNSHIP BUILDING DEPARTMENT)

2-sets of construction plans AND PDF as per Ohio Building Code 106.
Site plan/Foundation Plan/Floor Plans/Elevations/Cross Sectional Detail

4. Copy of **ERIE COUNTY SANITATION PERMIT** (Septic, Aeration, etc.) *(If applicable)*
Erie County Health Dept., 420 Superior St., Sandusky) 419-626-5623
5. Copy of **ERIE COUNTY STORMWATER PERMIT** *(if applicable)*
Obtained from Erie County Engineer's Office, 2700 Columbus, Ave., Sandusky 419-627-7710
6. Copy of **DRIVEWAY PERMIT** (Township, County or State Road) Obtained from:
Township Road – Vermilion Twp., 1907 State Rd., Vermilion 440-967-3251
County Road – Erie County Engineer's Office, 2700 Columbus Ave., Sandusky 419-627-7710
State Rd. – Ohio Dept. of Transportation, 906 N. Clark St., Ashland, Oh. 800-276-4188
7. **Plot plans** showing locations of existing buildings on the lot & location of proposed location of proposed project.
8. **Minimum Setbacks:** (Residential Only, based on zoning district)
 - A. Side Yard 10 feet
 - B. Rear Yard 25 feet
 - C. Front Yard 50 feet for Road-Right -of-Way
9. **Residential Plumbing Permit** obtained by Erie County Health District
Erie County Health Dept., 420 Superior St., Sandusky) 419-626-5623
10. Call to arrange inspection

Check the status of your Permit/Inspections with this link:

<https://vermiliontownship.portal.iworq.net/portalhome/vermiliontownship>

PERMITS TO BE ISSUED ON THE BASIS OF THE INFORMATION CONTAINED IN THE APPLICATION

BUILDING PERMIT APPLICATION

Building Official

Dave Faciana

Rd.

building@vermiliontownship.com

44089

Building Clerk

Eileen Adams

bsecretary@vermiliontownship.com

Main Office

1907 State

Vermilion, OH

440.967.3251

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PROJECT ADDRESS:

_____ **Date:** _____

Property Owner: _____ **Parcel #**

Email: _____ PH # _____

Address: _____ City/State/Zip:

Applicant (if different than owner): _____ Ph: _____

Address: _____ City/State/Zip:

Email _____

Contractor: _____ Phone:

Email: _____

Address: _____ **City/State/Zip:**

Description of Work:

Cost of
Project \$ _____ **SqFootage:** _____ **Width** _____ **Height** _____

Location on Property: **Setback -feet from property line to structure**

Front Setback _____ feet Rear Setback _____ feet

Left Setback _____ feet Right Setback _____ feet

Use of the Proposed Building or Structure: _____

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All permits shall expire after one year from the date of issuance and may be revoked if work has not begun within 1 year or if the work is not substantially complete within 2 1/2 years.

All permits are issued on the basis the information provided is accurate and true.

Permits may be revoked if the information provided is found to be incorrect.

Signature of Applicant_____ **Date:**_____

The above signed hereby certifies that the information provided is accurate.

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