



PARKING LOT APPLICATION
PUBLIC SERVICE & BUILDING DEPARTMENT

CITY OF WHITEHALL
360 S. Yearling Road
Whitehall, Ohio 43213
614-237-8612
Building-Department@whitehall-oh.us
www.whitehall-oh.us

BEFORE YOU CAN OBTAIN A PERMIT YOU MUST HAVE AN AERIAL PICTURE SHOWING WHERE THE PAVEMENT WILL BE PLACED ON THE PROPERTY. FOR NEW PARKING LOTS, PROVIDE A DIGITAL PLAN WITH DRAINAGE TO BUILDING-DEPARTMENT@WHITEHALL-OH.US.

PROJECT ADDRESS:		CITY:	STATE:	ZIP:
PARCEL #:	(BUSINESS) NAME:			
OWNER:	ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	E-MAIL:			
CONTRACTOR:	<input type="checkbox"/> N/A	ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:			
DESIGN PROFESSIONAL:	<input type="checkbox"/> N/A	ADDRESS:	CITY:	STATE: ZIP:
PHONE:	E-MAIL:			

PARKING LOT INFORMATION

Size of existing: sf Size of new: sf Total width: ft

If there are accessibility issues, please describe:

Describe project:

Cost of project: \$

CALL BEFORE YOU DIG, OHIO UTILITIES PROTECTION SERVICE AT 1-800-362-2764

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents) All permits shall expire one year from the date of issue. A one-time renewal shall be permitted if the original permit has not expired. I fully understand that no excavation, construction, structural alteration, electrical or mechanical installation or alteration of any building, structure, sign, or part thereof and no use of the above shall be undertaken or performed until the permit applied for herein has been approved and issued by the City of Whitehall Building/Zoning Department.

I hereby certify that I am the owner of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to submit this application and attachments as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s).

Applicant Signature:	Printed Name:	Date:
<div></div>	<div></div>	<div></div>
Phone:	E-mail:	
<div></div>	<div></div>	

**This application is subject to review, please expect up to 10 days for this process.
 You will be contacted once review is completed and fees have been calculated.**

STOP – OFFICE USE ONLY		
Application #:	Date & Time:	
Permit Fee	\$	
Application Fee	\$	
Plan Delivery Fee	\$	
TOTAL FEES	\$	
(check, money order, exact cash, or debit/credit card)		
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED (LETTER ATTACHED)	<input type="checkbox"/> CONDITIONAL APPROVAL (LETTER ATTACHED)
CHIEF BUILDING OFFICIAL SIGNATURE	DATE	