

Date \_\_\_\_\_

Permit Number \_\_\_\_\_

**City of Tallmadge  
Building & Zoning Department**  
46 North Avenue/P.O. Box 35  
Tallmadge, Ohio 44278  
330-633-0090 Direct Line / 330-633-1359 Fax

**Commercial, Industrial, and Multi-Family  
Mechanical Permit Application**

Project Address \_\_\_\_\_ Business Name \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Business Owner's Address \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ Phone #s \_\_\_\_\_

Contractor's Registration # \_\_\_\_\_

Description of Work \_\_\_\_\_

**New Construction and Additions:**

**Total Square Feet** \_\_\_\_\_

Base Fee	\$	_____ 120.00
Add: \$20.00 per 1,000 sq. ft. (or portion thereof) *	\$	_____
<b>Sub Total</b>	<b>\$</b>	<b>_____</b>
Add: 3% BBS Fee	\$	_____
<b>TOTAL FEE</b>	<b>\$</b>	<b>_____</b>

\*Square feet permit fee based upon gross square feet of all "conditioned" areas.

**Alterations:**

**Total Value \$** \_\_\_\_\_

Base Fee: (up to \$3,000.00 of value)	\$	_____ 75.00
Add: \$15.00 per \$1,000.00 of value (or increment thereof) above \$3,000.00	\$	_____
<b>Sub Total</b>	<b>\$</b>	<b>_____</b>
Add: 3% BBS Fee	\$	_____
<b>TOTAL FEE</b>	<b>\$</b>	<b>_____</b>

\_\_\_\_\_  
Signature/Printed Name of Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Tallmadge Approval

\_\_\_\_\_  
Date