

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
Plumbing 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 _____
Plumbing 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)* \$ _____
Sub Total \$ _____
Add: 3% BBS \$ _____
TOTAL FEE \$ _____

*Square feet permit fee based upon gross square feet of all floors including basement, attached garage, etc.

Alterations:

Total Value \$ _____

Base Fee: (up to \$3,000 of value) \$ 75.00
Add: \$15.00 per \$1,000.00 of value (or increment thereof) above \$3,000.00 \$ _____
Sub Total \$ _____
Add: 3% BBS Fee \$ _____
TOTAL FEE \$ _____

Signature/Printed Name of Contractor

Date

City of Tallmadge Approval

Date