

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

**One, Two and Three Family- Residential  
Mechanical Permit Application**

Project Address \_\_\_\_\_

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

Contractor's Name \_\_\_\_\_ Phone #s \_\_\_\_\_

Contractor's Address \_\_\_\_\_

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

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

**New Construction and Additions:**

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

Base Fee: New Construction-\$75.00 / Additions-\$50.00 \$ \_\_\_\_\_

Add: \$5.00 per 100 square feet (or portion thereof)\* \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

Add: 1% BBS Fee \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

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

**Alterations / Installations:**

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

Base Fee: (up to \$3,000.00 of value) \$ \_\_\_\_\_ 40.00

Add: \$10.00 per \$1,000.00 of value (or portion thereof) above \$3,000.00 \$ \_\_\_\_\_

**SUBTOTAL** \$ \_\_\_\_\_

Add: 1% BBS Fee \$ \_\_\_\_\_

**TOTAL FEE** \$ \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date