

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
Plumbing 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-\$25.00 \$ _____

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 floors including basement, attached garage, etc.

Alterations / Installations:

Total Value _____

Base Fee: (up to \$3,000 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