

JOB ADDRESS _____

APPLICATION FOR BUILDING PERMIT

CITY OF ALLIANCE

504 E. Main St., Alliance, OH 44601

Phone 330-823-5122

PERMIT # _____

DATE _____

JOB ESTIMATE _____

OWNER _____

ADDRESS _____

CITY & ZIP _____

PHONE # _____

CELL # _____

CONTRACTOR _____

ADDRESS _____

CITY & ZIP _____

PHONE # _____

CELL # _____

I hereby certify the above information to be true and correct under penalty of law.

SIGNED _____

DATE _____

OWNER

CONTRACTOR

AGENT

SPECIAL INSTRUCTIONS, COMMENTS, CONTINGENCIES

BUILDING/STRUCTURE

NEW

CASH

ADDITION

CHECK _____

ALTERATION, REPAIR

OTHER

APPLICATION FEE _____

PERMIT FEE _____

SUBTOTAL _____

1% STATE FEE _____

TOTAL FEE _____

TOTAL _____

sq. ft. x _____

= _____

Permit Fee