

JOB ADD. _____

PERMIT # _____

**APPLICATION FOR BUILDING PERMIT
CITY OF ALLIANCE**

504 E. Main St., Alliance, OH 44601
Phone 330-823-5122

DATE _____

ESTIMATED VALUE _____

OWNER _____

ADDRESS _____

CITY & ZIP _____ PH: _____

FAX # _____ CELL # _____

CONTRACTOR _____

ADDRESS _____

CITY & ZIP _____ PH: _____

FAX # _____ CELL # _____

BUILDING/STRUCTURE

- NEW CASH
- ADDITION CK. # _____
- ALTERATION, REPAIR
- OTHER

APPLICATION FEE _____

PERMIT FEE _____

3% STATE FEE _____

1% STATE FEE _____

TOTAL FEE _____

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

SIGNED _____ DATE _____

OWNER CONTRACTOR AGENT

SPECIAL INSTRUCTIONS, COMMENTS, CONTINGENCIES

TOTAL _____ sq. ft. x _____ = _____ Permit Fee