

JOB ADDRESS \_\_\_\_\_

**APPLICATION FOR MECHANICAL PERMIT  
CITY OF ALLIANCE**

- NEW
- ALTERATION
- ADDITION

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

PERMIT # \_\_\_\_\_

DATE \_\_\_\_\_

ESTIMATED VALUE \_\_\_\_\_

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

JOB DESCRIPTION	PERMIT FEES
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
APPLICATION FEE	
<input type="checkbox"/> CASH	SUBTOTAL
<input type="checkbox"/> CK. # _____	1%
	TOTAL

SPECIAL INSTRUCTIONS, COMMENTS, CONTINGENCIES \_\_\_\_\_