JOB ADD. _____

PERMIT # _____

APPLICATION FOR MECHANICAL PERMIT

CITY OF ALLIANCE

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

DATE _____

☐ DWELLING ☐ NEW
☐ COMMERCIAL ☐ ADD.
☐ OTHER ☐ ALT.
_____

☐HVAC ☐FIRE SUPP

ESTIMATED VALUE _____

OWNER _____

ADDRESS _____

CITY & ZIP _____ PH ( ) _____

FAX _____ CELL ( ) _____

CONTRACTOR _____

ADDRESS _____

CITY & ZIP _____ PH ( ) _____

FAX _____ 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

	PERMIT FEES
1.	
2.	
3.	
4.	
5.	
APPLICATION FEE	
☐ CASH 3%	
☐ CK. # _____ 1%	
TOTAL	

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