

JOB ADD. _____

PERMIT # _____

**APPLICATION FOR MECHANICAL PERMIT
CITY OF ALLIANCE**

DATE _____

- NEW
- ADDITION
- ALTERATION

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

ESTIMATED VALUE _____

OWNER _____

ADDRESS _____

CITY & ZIP _____

PHONE # _____ CELL _____

CONTRACTOR _____

ADDRESS _____

CITY & ZIP _____

PHONE # _____ CELL _____

1. _____
2. _____
3. _____
4. _____
5. _____

PERMIT FEES

APPLICATION FEE

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

SIGNED _____ DATE _____

- OWNER
- CONTRACTOR
- AGENT

CASH SUBTOTAL

CK. # _____ 1%

TOTAL

SPECIAL INSTRUCTIONS, COMMENTS, CONTINGENCIES

bsp #220.3/22