



DIVISION OF BUILDING STANDARDS
 COUNTY OF SUMMIT ♦ EXECUTIVE ILENE SHAPIRO
 1030 E. TALLMADGE AVENUE ♦ AKRON, OHIO 44310
 330.630.7280 ♦ FAX: 330.630.7296
 buildingstandards.summitoh.net

BUILDING PERMIT APPLICATION

PERMIT #

- | | |
|---|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> EXISTING |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> ALTERATION |
| <input type="checkbox"/> RETRIEVE PERMIT BY WEB (DEFAULT) | <input type="checkbox"/> SEND PERMIT BY FAX |
| | <input type="checkbox"/> SEND PERMIT BY EMAIL |

JOB ADDRESS _____
 VILLAGE/TWP/CITY _____
 DATE _____ INIT. _____
 PARCEL # _____ SQ. FT. _____

PROJECT INFORMATION:

PROPERTY OWNER		
ADDRESS STREET	CITY/TOWN	STATE ZIP
GENERAL CONTRACTOR NAME		E-MAIL
TELEPHONE #	CELL #	FAX #
ADDRESS STREET	CITY/TOWN	STATE ZIP

PAYMENT METHOD

CHECK # _____ CASH M/C DISCOVER AMEX VISA

GENERAL CONTRACTOR SIGNATURE _____ DATE _____

FEE SCHEDULE:

ESTIMATED COST OF CONSTRUCTION.....\$ _____

RESIDENTIAL	
NEW CONSTRUCTION/ADDITION \$145 APPLICATION FEE PLUS \$6/100 SQ. FT.) ALTERATIONS OR ACCESSORY BLDG \$60 APPLICATION FEE PLUS \$6/100 SQ. FT. MINIMUM OF \$25	
COMMERCIAL	
NEW CONSTRUCTION/ADDITION \$167 APPLICATION FEE PLUS \$6/100 SQ. FT. ALTERATIONS \$102 APPLICATION FEE PLUS \$6/100 SQ. FT.	
ACCESSORY STRUCTURES RESIDENTIAL: \$45 APPLICATION FEE , PLUS \$60 EACH: DECK, GAZEBO HANDICAP RAMP, TENT	ACCESSORY STRUCTURES COMMERCIAL: \$67 APPLICATION FEE, PLUS \$72 EACH: DECK, GAZEBO, HANDICAP RAMP, TENT AND COMMERCIAL SIGN
RESIDENTIAL: APPLICATION.....\$50 RE-ROOF.....\$40+ APP FEE SIDING.....\$55+ APP FEE DEMOLITION.....\$65 + APP FEE FOUNDATION DAMP PROOFING.....\$30 + APP FEE	COMMERCIAL: APPLICATION FEE.....\$87 RE-ROOF.....\$77 + APP FEE SIDING.....\$77 + APP FEE DEMOLITION.....\$27 + APP FEE
A RE-INSPECTION FEE will be charged for each failed inspection, Residential and Commercial	1st & 2nd Re-inspection..\$30.00 3rd Re-inspection.....\$60.00 4th Re-inspection.....\$80.00
*Fees are payable in advance and not refundable	SUB-TOTAL _____ 1% RESIDENTIAL/3%COMMERCIAL OBBS FEE _____ TOTAL FEES DUE _____

PROJECT DESCRIPTION _____

