



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 |

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

PROJECT INFORMATION:

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

PAYMENT METHOD

CHECK # _____ CASH M/C DISCOVER AMEX
 GENERAL CONTRACTOR SIGNATURE _____ DATE _____

FEE SCHEDULE:

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

RESIDENTIAL	
NEW CONSTRUCTION/ADDITION \$145 APPLICATION FEE PLUS \$6/100 SQ. FT. AND \$175 SITE PLAN REVIEW (SITE PLAN FOR NEW HOMES ONLY)	
ALTERATIONS OR ACCESSORY BLDG \$60 APPLICATION FEE PLUS \$6/100 SQ. FT. MINIMUM OF \$25	
COMMERCIAL	
NEW CONSTRUCTION/ADDITION \$145 APPLICATION FEE PLUS \$6/100 SQ. FT.	
ALTERATIONS \$90 APPLICATION FEE PLUS \$6/100 SQ. FT.	
ACCESSORY STRUCTURES (BOTH RESIDENTIAL & COMMERCIAL) \$45 APPLICATION FEE PLUS \$60 EACH: DECK, GAZEBO, HANDICAP RAMP, TENT, AND COMMERCIAL SIGN	
MISCELLANEOUS PERMITS (PLEASE CALL FOR ANY FEES NOT LISTED)	
RESIDENTIAL:	COMMERCIAL:
APPLICATION.....\$60	APPLICATION FEE.....\$90
RE-ROOF.....\$40	RE-ROOF.....\$65
SIDING.....\$55	SIDING.....\$60
DEMOLITION.....\$65	DEMOLITION.....\$115
FOUNDATION DAMP PROOFING..... \$30	
*A RE-INSPECTION FEE will be charged for each failed inspection, Residential and Commercial	1st Re-inspection.....\$30.00
	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 _____

