



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

# PLUMBING 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"/> REPLACEMENT
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> SEND PERMIT BY EMAIL
<input type="checkbox"/> RETRIEVE PERMIT BY WEB (DEFAULT)	<input type="checkbox"/> SEND PERMIT BY FAX

JOB ADDRESS \_\_\_\_\_  
 VILLAGE/TWP/CITY \_\_\_\_\_  
 BUILDING PERMIT# \_\_\_\_\_  
 DATE \_\_\_\_\_ INIT. \_\_\_\_\_  
 PARCEL # \_\_\_\_\_ SQUARE FOOTAGE \_\_\_\_\_

## PROJECT INFORMATION:

PROJECT NAME _____			
PROPERTY OWNER _____			
ADDRESS STREET _____	CITY/TOWN _____	STATE _____	ZIP _____
TELEPHONE # _____	CELL # _____	E-MAIL _____	

PLUMBING CONTRACTOR _____		EMAIL _____	
ADDRESS STREET _____	CITY/TOWN _____	STATE _____	ZIP _____
TELEPHONE # _____	CELL # _____	FAX # _____	

## PAYMENT METHOD

CHECK # \_\_\_\_\_  CASH  M/C  DISCOVER  AMEX  VISA

PLUMBING CONTRACTOR/OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCOPE OF WORK/SPECIAL INSTRUCTIONS \_\_\_\_\_

## FEE SCHEDULE:

RESIDENTIAL:	COMMERCIAL:
APPLICATION FEE.....\$60	APPLICATION FEE.....\$102.....
NEW CONSTRUCTION/ADD'T.....\$4.00/100 SQ. FT	NEW CONSTRUCTION/ADD'T.....\$5.00/100 SQ. FT.....
INTERIOR ALTERATIONS.....\$2.00/100 SQ. FT	INTERIOR ALTERATIONS.....\$3.00/100 SQ. FT.....
GAS LINE.....\$40	GASLINE.....\$60.....
REPAIR/REPLACEMENT.....\$40 EACH	REPAIR/REPLACEMENT.....\$60 EACH.....
HOT WATER TANK REPLACEMENT.....\$40 EACH	HOT WATER TANK REPL.....\$60 EACH.....
*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
SUB-TOTAL _____	
1% RESIDENTIAL/3%COMMERCIAL OBBS FEE _____	
TOTAL FEES DUE _____	
*Fees are payable in advance and not refundable	

