



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

# ELECTRICAL PERMIT APPLICATION

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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 # \_\_\_\_\_ SQ. FT. \_\_\_\_\_

## PROJECT INFORMATION:

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

## PAYMENT METHOD

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

ELECTRIC CONTRACTOR OR OWNER SIGNATURE \_\_\_\_\_

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

## FEE SCHEDULE:

PERMITS (PLEASE CALL FOR ANY FEES NOT LISTED)	
<b>RESIDENTIAL:</b>	<b>COMMERCIAL:</b>
APPLICATION FEE .....\$60	APPLICATION FEE..... \$102
NEW CONSTRUCTION.....\$4/100 SQ. FT	NEW CONSTRUCTION..... \$5/100 SQ. FT
INTERIOR ALTERATIONS.....\$2/100 SQ. FT	INTERIOR ALTERATIONS.....\$2/100 SQ. FT
MISCELLANEOUS CIRCUITS.....\$12 EACH	TRANSFORMER.....\$72 EACH
TEMP POLE/SERVICE UPGRADE INTERIOR/ EXTERIOR LIGHTING.....\$40 EACH	TEMP POLE, INT/EXT LIGHTING \$72 EACH
MISC.REPAIRS .....\$40	SERVICEUPGRADE.....\$52 EACH
METER PULL FOR SIDING..... \$40 NO APP FEE	MISC. REPAIRS.....\$72
* 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.	1% RESIDENTIAL/3%COMMERCIAL OBBS FEE
	SUB-TOTAL _____
	TOTAL FEES DUE _____

PROJECT DESCRIPTION \_\_\_\_\_

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