



ILENE SHAPIRO
COUNTY EXECUTIVE

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

MECHANICAL 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"/> REPLACEMENT

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

PROJECT INFORMATION:

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

HVAC CONTRACTOR _____
ADDRESS STREET _____ CITY/TOWN _____ STATE _____ ZIP _____
TELEPHONE # _____ CELL # _____ E-MAIL _____

PAYMENT METHOD

CHECK # _____ CASH M/C DISCOVER AMEX
HVAC CONTRACTOR/OWNER SIGNATURE _____ DATE _____
SCOPE OF WORK/SPECIAL INSTRUCTIONS _____

FEE SCHEDULE:

PERMITS (PLEASE CALL FOR ANY FEES NOT LISTED)	
RESIDENTIAL:	COMMERCIAL:
APPLICATION FEE\$60	APPLICATION FEE\$90
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\$2.50/100 SQ. FT
REPAIR/REPLACEMENT\$40 EACH	REPAIR/REPLACEMENT\$60 EACH
FIREPLACE.....\$25 EACH	FIREPLACE\$30EACH
	KITCHEN HOOD\$60 EACH
	REFRIGERATION.....\$60 EACH
GAS LINE (NEW HOUSE ONLY).....\$40 (+ APP. FEE)	GAS LINE/500 LINEAR FEET\$55/500 LINEAR FEET
HOT WATER TANK REPLACEMENT ONLY..\$40 EACH	HOT WATER TANK REPLACEMENT ONLY (NO APP FEE).....\$60 EACH
POOL HEATER, SAUNA and OTHERS.....\$40 EACH	POOL HEATER, SAUNA and OTHERS.....\$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
*Fees are payable in advance and not refundable	4th Re-inspection.....\$80.00
	SUB-TOTAL _____
	1% RESIDENTIAL/3%COMMERCIAL OBBS FEE _____
	TOTAL FEES DUE _____

PROJECT DESCRIPTION _____

