

**CITY OF GALLIPOLIS  
P.O. BOX 339  
333 THIRD AVENUE  
GALLIPOLIS, OHIO 45631  
740-441-6022**

**APPLICATION FOR COMMERCIAL PROJECT**

**Owner**

**Street Address**

**Daytime Phone #**

**Address of Proposed Work**

**Type of Units**

**NEW**

**ALTERATION**

**ADDITION**

**General Contractor**

**Sub Contractor**

**Cost of Project:**

**Fees:**

**Base Fee**

**Base Fee \$ 1000-\$9999 Project**

**Base Fee \$ 10000-\$99,999 Project**

**Base Fee \$ 100, 000+ Project**

**Hearing Fees**

**Flood Plain Permit**

**Late Application Fee**

<b>Free</b>
<b>\$75.00</b>
<b>\$125.00</b>
<b>.3% of Project Cost</b>
<b>\$100.00</b>
<b>\$75.00</b>
<b>\$100.00</b>

**Other items required/before issuance of permit(if applicable)**

  
  
  
  


**State Building Permit  
Water Tap  
Sewer Tap  
Address Assignment  
Curb Cut**

  
  
  
  


**Zoned Meeting  
Flood Hazard  
BZA Approval  
Historic Approval  
Other**

I hereby swear or affirm that all the information provided and drawings attached are to the best of my knowledge truthful and accurate. My signature below waives the City of Gallipolis from all liability. A State permit may be needed for project. Contact Ohio Department of Commerce at 1-800-523-3581

**APPLICANTS SIGNATURE:**

**DATE PAID**



**RECEIPT #**

**PERMIT #**