

Construction Cost Verification Form

This form shall be used for all projects that do not conform to the Mahoning County Building Department Fee Schedule for the purposes of fee determination. This form must be accompanied by the original contract, not a copy, and presented to the Building Department during normal business hours. A copy of the contract will be made at that time and kept on file with this verification form. In lieu of providing a contract, your fee shall be determined based upon the Building Department hourly rate charged in quarter hour increments, required inspections, and estimated time for services and/or actual cost for any contracted services, as stated on the Building Department Fee Schedule. If requested information is not received within 10 days the Chief Building Official will determine the fee.

PROJECT NAME:	CONTACT NAME:
PROJECT ADDRESS:	PHONE NUMBER:

Type of Project: Alarm(s) Sprinkler(s) Hood(s) Sign(s) Other _____

I, _____ Print Name _____, hereby submit the following contract as evidence of the project's true cost, or request the fee be calculated, as I have indicated below. I am the owner or I have been given authorization from the property owner to use the method indicated to calculate my fee. I understand that this form becomes a part of my application, and I am consenting to the fee calculated by the method chosen in accordance with the Building Department Fee Schedule.

I understand and agree that any error, misstatement or misrepresentation of material, fact or expression of material, or any change in the accompanying contract (if applicable) made subsequent to the issuance of a permit in accordance with the application and this form, without the approval of the Chief Building Official, shall constitute sufficient grounds for the revocation of such permit. Instances of fraud shall be prosecuted to the fullest extent possible under the law.

Check Only One: Contract is provided Please determine my fee using the alternate option

This form and the attached contract are true and correct to the best of my knowledge and belief.

* Signature of Owner or Owner's Agent

Date

FOR BUILDING DEPARTMENT USE ONLY

DATE RECEIVED: _____ PERMIT TECH _____

Project cost information is provided, not a contract, alternate option to be used.

FEE CALCULATION (IF APPLICABLE):

Building Department Hourly Rate (\$390)	X _____ hours		= _____
Contracted Services Rate (plan review \$90/hour)	X _____ hours		= _____
_____	_____		= _____
State Assessment Fee (3%)	X _____ fee		= _____
	Total		= _____

CHIEF BUILDING OFFICIAL _____ DATE REVIEWED: _____
(Chief Building Official approval only required if the contract is not provided)

Mahoning County Building Department, 50 Westchester Dr. Room 201, Youngstown OH 44515
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