

**APPLICATION FOR REFRIGERATION PERMIT**

CITY OF CUYAHOGA FALLS  
2310 SECOND ST  
CUYAHOGA FALLS OH 44221  
(330) 971-8100 FAX: (330) 971-8394  
www.cityofcf.com/building

**PROJECT ADDRESS:**  
\_\_\_\_\_  
PERMIT/PLAN # \_\_\_\_\_  
APPLICATION FEE \_\_\_\_\_  
PERMIT FEE \_\_\_\_\_  
STATE FEE 3% \_\_\_\_\_  
TOTAL FEE \_\_\_\_\_  
CASH MC/VISA # CHECK # \_\_\_\_\_

**PROJECT DESCRIPTION:**  
\_\_\_\_\_  
\_\_\_\_\_

**BUILDING TENANT:**  
\_\_\_\_\_  
**OWNER:** \_\_\_\_\_ **CONTRACTOR:** \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I/We hereby agree to conform to the Building Code of the City of Cuyahoga Falls, the laws of the State of Ohio, all applicable trade standards, and to all conditions described on the plans and specifications submitted, including any and/or all notations and to all of the rules of the Division of Building Inspection.

\_\_\_\_\_  
APPLICANT'S SIGNATURE TITLE DATE

Printed Name: \_\_\_\_\_