CITY OF BEREA
BUILDING PERMIT
Residential Building Department
buildingdept@cityofberea.org

11 Berea Commons
Berea, OH 44017
440-826-5812
Fax: 440-826-4800

HVAC Permit Application

Date: _____ Homeowner's Name: _____ Phone # _____

Site Address: _____

Contractor's Name: _____ Contractor's Registration: _____

Contractor's Address: _____ Contractor's Phone # _____

Contractor's Cell Phone# _____ email address: _____

Describe type of work being performed: _____

BASE FEES:

New Construction & Additions:	**$150.00**	**PLUS**	_____	**Sq. Ft.**	**X $0.03 =**	_____
Alterations & Renovations:	**$50.00**	**PLUS**	_____	**Sq. Ft.**	**X $0.02 =**	_____
	$75.00	**Furnace**				_____
	$75.00	**Air Conditioning Compressor**				_____
	$75.00	**Heat Pump**				_____
					Total Columns	_____
					1 % BBS Fee	_____
					Grand Total Fee	_____

$ _____
Estimated Job Cost

_____
Signature of Applicant

NOTICE: Re-inspection fee of $25.00 per inspection will be charged