



Non Residential Fire Protection Permit Application

City of Berea
11 Berea Commons, Berea Ohio 44017
P:(440) 826-5812 F: (440) 826-4800
buildingdept@cityofberea.org

Date:	*Office Use Only		
Certification/Permit Number:			
Owner's Name:			Phone:
Street Address:	City:	State:	Zip Code:
Contractor's Name:		Registration No.:	
Street Address:	City:	State:	Zip Code:
Phone:	Email:		

BRIEF DISCRPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION

PERMIT FEE FOR:	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition
Estimated Project Cost: \$	Square Footage:	Sq.ft.
	Fire Suppression	\$200.00 + number of heads x \$3.00 =
	Fire Alarm	\$200.00 + number of devices x \$1.00 =
	Fire Alarm Panels/Knac Panels	Number of panels x \$25.00 =
	Hood Suppression	\$100.00 + number of heads x \$2.00 =
		Sub Total

PERMIT FEE FOR:	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Miscellaneous
Estimated Project Cost: \$	*Square Footage:	Sq.ft.	
	Fire Suppression	\$100.00 + number of heads x \$3.00 =	
	Fire Alarm	\$100.00 + number of devices x \$1.00 =	
	Fire Alarm Panels/Knac Panels	Number of panels x \$25.00 =	
	Hood Suppression	\$75.00 + number of heads x \$2.00 =	
	Fire Department Connection	\$50.00	
	Yard Hydrant	\$50.00	
	Stand Pipe	\$50.00	
	Back Flow Valve	\$50.00	
			Sub Total

CERTIFICATION (OBC 107.2.5)	Sub Total	
I certify that I am the <input type="checkbox"/> Owner or <input type="checkbox"/> Owner Authorized Agent	State 3%	
All information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.	Total	
Print Name: _____ Signature: _____		