



Residential HVAC Permit Application

City of Berea
11 Berea Commons,
Berea Ohio 44017
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buildingdept@cityofberea.org

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

PERMIT FEE FOR: New Construction Addition Alteration Renovation

BRIEF DIScription OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION

Estimated Project Cost: \$	* Square Footage:	Sq. ft.
* The overall square footage of the area, where the HVAC work is being performed.	* New Construction & Additions	\$150.00 + _____ Sq. ft. x \$ 0.03 =
	* Alteration or Renovation	\$ 50.00 + _____ Sq. ft. x \$ 0.02 =
	Furnace Replacement	\$ 75.00 =
	Air Conditioning Replacement	\$ 75.00 =
	Heat Pump	\$ 75.00 =

	Sub Total
	1% BBS Fee
	Total

CERTIFICATION

I certify that I am the Owner or Owner Authorized Agent
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.

Print Name: _____ Signature: _____

Date: _____