

11 Berea Commons
Berea, OH 44017

CITY OF BEREA
Building Department - Residential Renovation -
Repair Application

Rev. 01/13
440- 826-5812
Fax: 440- 826-4800

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

Site Address: _____ Corner Lot (Yes /No): _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Registration # _____ Contractor's Phone Number: _____

NOTICE: Re-inspection fee of \$25 per inspection will be charged

Contractor's Cell Phone Number: _____

Describe type of work being performed: _____

Check the box below for type of work being performed. More than one (1) Building Permit may be required.

- Siding
- Gutters / Devices
- Sidewalk _____ (Linear Feet)
- Roofing
(No more than 2 layers)
- Patio - 2 & 3
- Driveway/Apron - 1 & 3
- Windows: # of _____
- Deck - 2 & 3
- Curb Cut (Must see Service Dir.) \$100.00
- Insulation
- Doors: # of _____
- Pool - 1 & 3
(Electrical Permit Needed)
- Shed - 1 & 3 (180 sq ft. or less)
- Other _____

Fence - 1 By issuance of this permit, the City is not responsible for the accuracy of the property lines involved in fencing installation. The owner/agent shall be responsible for providing proof and/or documentation, as required, regarding property lines. (i.e. survey)

1 - Plot Plan Drawing Required 2 - 2 Sets of a Plot Plan & Construction Drawing Required

3 - Structure Size: _____ X _____ = _____ Total Square Feet

**NOTE: All inspections including final must be scheduled 24 hours in advance.
Permit Number is required.**

Estimated Job Cost \$ _____

Signature of Applicant

Office Use Only			
Base Fee	\$50.00	Sub Total: _____	P. P. # _____
# Windows X \$5.00 =	_____	1% BBS Fee: _____	Building Permit # _____
# Doors X \$5.00 =	_____	TOTAL _____	Receipt # _____
# Linear Ft. X \$.40	_____	Approved By: _____	Variance Needed? (Yes/No) _____
Square Feet X \$	_____ = _____	Planning Commission Approval Required? (Yes/No) _____	H.A.R.B. Review Required? (Yes/No) _____