

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

Site Address: _____

Contractor's Name: _____

Contractor's Address: _____

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

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

Contractor's Cell Phone Number: _____

Describe type of work being performed: _____

BASE FEE:		New Construction: \$100.00	Remodel/Repair: \$50.00
<u>Quantity</u>	<u>Base Fee</u>	<u>Quantity</u>	<u>Quantity</u>
_____	x \$5 Water Closet	_____	x \$200 Water Meter
_____	x \$5 Lavatory	_____	x \$10 Hot Water Heater
_____	x \$5 Bidet	_____	x \$10 Hot Water Heater Pan
_____	x \$5 Tub/Shower Combo	_____	x \$10 Expansion Tank
_____	x \$5 Shower Stall/Pan	_____	x \$3 Floor Drain
_____	x \$50 Hot Tub/Jacuzzi	_____	x \$10 Back Flow Devices (test report)
_____	x \$3 Kitchen Sink	_____	x \$10 Check Valve
_____	x \$3 Dishwasher	_____	x \$10 Vacuum Breaker
_____	x \$3 Garbage Disposal	_____	x \$10 Water Filtering/Condition
_____	x \$3 Bar Sink	_____	x \$35 Back Water Valve (sewer)
_____	x \$3 Laundry Tray	_____	x \$6 Sump Pump/Pit
_____	x \$6 Wash. Mach. Discharge	_____	x \$10 Other: _____
_____	x \$6 Access Panel	_____	x \$25 Alter. To Water Dist. Sys
_____	x \$100 Water Distribution Sys	_____	x \$2 Irrigation System (heads)
_____	x \$100 Gas Line	_____	x \$100 Repair/Replace Water/ Sewer Lines (each)
_____	x \$150 Waterproofing/Control	_____	\$10 per 100 feet-Underground piping sanitary / storm water
_____	x \$25 Catch Basin	_____	
Sub Total _____		Total Both Columns _____	

Estimated Job Cost \$ _____

Signature of Applicant

All inspections including final must be scheduled 24 hours in advance - Permit Number is required.
The use of air-admittance valves are prohibited in the City of Berea

	Office Use Only	
Parcel # _____		Approved By: _____ (Inspectors Initials)
Plumbing Permit # _____		1% BBS FEE: _____
Receipt # _____		GRAND TOTAL FEE: _____
Rev 1/13		