



Non Residential Electrical Permit Application

City of Berea
11 Berea Commons,
Berea Ohio 44017
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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
* Office Use Only	* Building Permit Number:	* Building Permit Fee:

*** Electrical Permit fee will be 12% of the Building Permit Fee for New Construction and Additions**

Estimated Project Cost: \$	Square Footage:	Sq.ft.
Electrical Permit: 12% x _____ Building Permit Fee =		
		Sub Total

PERMIT FEE FOR:	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Miscellaneous
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Estimated Project Cost: \$	* Square Footage:	Sq.ft.
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<p>* The overall Square footage of the area, where the electrical work is being performed.</p>	Electrical Permit: \$250 + _____ Sq.ft. x \$ 10.00 = <div style="text-align: center;">100 Sq. ft.</div>		
	New Electrical Service	\$250.00	
	Electrical Panel & Sub Panels	\$150.00	
	Restore Electrical Service Inspection	\$100.00	
	Generator	\$200.00	
	Solar Panels \$50.00 + _____ No. of panels x \$50.00 =		
	Miscellaneous Electrical Work	\$100.00	
		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 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: _____		State 3%	
		Total	