



**Non Residential
HVAC 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 DESCRIPTION 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:	
* HVAC Permit fee will be 12% of the Building Permit Fee for New Construction and Additions			
Estimated Project Cost: \$	Square Footage:	Sq.ft.	
HVAC Permit: 12% x _____ Building Permit Fee =			
Sub Total			
PERMIT FEE FOR:	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation	<input type="checkbox"/> Miscellaneous
Estimated Project Cost: \$	* Square Footage:	Sq.ft.	
* The overall Square footage of the area, where the HVAC work is being performed.	* HVAC Permit: \$200.00 + _____ x \$8.00 = 100 Sq. ft.		
	** Heating Equipment Base Fee \$200.00		
	The number of units up to & including 150,000 Btu's x \$30.00 =		
	The number of units over 150,000 Btu's x \$40.00 =		
	Plus a fee for each 100,000 Btu's over 150,000 Btu's x \$10.00 =		
** Miscellaneous unit replacement for heating and cooling equipment.	** Cooling Equipment Base Fee \$200.00		
	The number of units up to & including 3 tons x \$30.00 =		
	The number of units up to and including 6 tons x \$40.00 =		
	The number of units up to including 10 tons x \$50.00 =		
	The number of units over 10 tons x \$70.00 =		
	Furnace (residential unit) \$100.00		
	A/C compressor (residential unit) \$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	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: _____	