



**CITY OF BEREA
BUILDING PERMIT
Residential Building Department
buildingdept@cityofberea.org
HVAC Permit Application**

*11 Berea Commons
Berea, OH 44017
440-826-5812
Fax: 440-826-4800*

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

Site Address: _____

Contractor's Name: _____ Contractor's Registration: _____

Contractor's Address: _____ Contractor's Phone # _____

Contractor's Cell Phone# _____ email address: _____

Describe type of work being performed: _____

BASE FEES:

New Construction & Additions: \$150.00 PLUS _____ Sq. Ft. X \$0.03 = _____

Alterations & Renovations: \$50.00 PLUS _____ Sq. Ft. X \$0.02 = _____

\$75.00 **Furnace** _____

\$75.00 **Air Conditioning Compressor** _____

\$75.00 **Heat Pump** _____

Total Columns _____

1 % BBS Fee _____

Grand Total Fee _____

\$ _____
Estimated Job Cost

Signature of Applicant

NOTICE: Re-inspection fee of \$25.00 per inspection will be charged