



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:	
Property Address:	City:	State:	Zip Code:
Contractor's Name:		Registration No.:	
Street Address:	City:	State:	Zip Code:
Phone:	Email:		
PERMIT FEE FOR:	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	
BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION			
* 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	
		State 3%	
		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 electrical work is being performed.		Electrical Permit: \$250 + _____ x \$ 10.00 = 100 Sq. ft.	
		New Electrical Service \$250.00	
		Electrical Panel & Sub Panels \$150.00	
		Restore Electrical Service Inspection \$100.00	
		Generator \$200.00	
		Miscellaneous Electrical Work \$100.00	
		**Provide the total Sq. ft. of the solar array	
**Solar Panels \$200 + _____ Array Sqft. x \$ 10.00 = 100 Sq. ft.			
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: _____			