



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:
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 Construction	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
			<input type="checkbox"/> Renovation

BRIEF DISCRPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION

Estimated Project Cost: \$	* Square Footage: Sq. ft.	
* The overall square footage of the area, where the HVAC work is being performed.	*New Construction & Additions $\$150.00 + \text{_____ Sq. ft.} \times \$ 0.03 =$	
	* Alteration or Renovation $\$ 50.00 + \text{_____ Sq. ft.} \times \$ 0.02 =$	
	Furnace & Air Conditioning Replacement	\$ 75.00 =
	Furnace Replacement	\$ 75.00 =
	Air Conditioning Replacement	\$ 75.00 =
	Heat Pump	\$ 75.00 =
	Sub Total	
	1% BBS Fee	
	Total	

CERTIFICATION

I certify that I am the **Owner** or **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: _____ Date: _____