



Residential Addition, Alteration & Renovation 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"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Renovation
BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION				
Estimated Project Cost: \$		* Square Footage: Sq. ft.		
* Addition, Alteration & Renovations: Area where the work is being performed $\underline{\quad} \times \underline{\quad} = \text{Total Sq. ft.}$		\$ 100.00 + <u> </u> Sq. ft. (base fee) x \$ 0.10 =		
<ul style="list-style-type: none">Two sets of construction drawings are required upon submittal of application. Drawings shall include:<ul style="list-style-type: none">Site PlanFloor Plan(s)Elevations and Building SectionsSystem Descriptions (all electrical, mechanical, and plumbing systems should be described including materials, locations and types of fixtures and equipment used). The plans expected for remodeling, repairing, replacing, etc. are not required to be architectural grade renderings. However, they should bear a reasonable resemblance to the project; floor by floor, room by room.				
		Sub Total		
		1% BBS Fee		
		Total		
CERTIFICATION				
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: _____		Date: _____		