



Residential Plumbing 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 Construction <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.		** Linear Feet: (drain, water, & gas line) LF.	
* The overall square footage of the area, where the electrical work is being performed.	* New Construction & Additions		$\$150.00 + \text{_____ Sq. ft.} \times \$0.12 =$
	* Alteration or Renovation		$\$50.00 + \text{_____ Sq. ft.} \times \$0.11 =$
	** Water Supply or Drain Lines		$\$30.00 + \text{_____ LF.} \times \$10.00 =$ 100 LF.
	** Gas Lines		$\$50.00 + \text{_____ LF.} \times \$10.00 =$ 100 LF.
	Hot Water Tank		$\$50.00 =$
		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: _____	