



OFFICE USE:

BASE: \$ _____

ADTL: \$ _____

ADTL: \$ _____

1% or 3%: \$ _____

TOTAL = \$

Payment: - Cash - ✓

- Visa - MC - DISC

- Other _____

**- PERMIT APPLICATION -
HEATING & AIR CONDITIONING**

Work CANNOT begin on ANY project until the approved permit is in hand

Completed Applications must be returned to the Building Dept. for approval. Please allow 4-5 days for processing; approved permits are mailed to the Applicant completing the work.

24 Hour Notice required for ALL inspections

DATE: _____ **ESTIMATED PROJECT COST:** _____

PROJECT ADDRESS: _____

WORK TO BE COMPLETED BY:	<input type="checkbox"/> - PROPERTY OWNER (Must submit copy of State License & the “Homeowner’s Permit Certification”) <input type="checkbox"/> - CONTRACTOR: DBA NAME: _____ ADDRESS: _____ CONTACT PERSON: _____ PHONE #: _____ <input type="checkbox"/> -Cell <input type="checkbox"/> -Office EMAIL: _____
---------------------------------	--

DESCRIPTION OF WORK: _____

RESIDENTIAL PROJECT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION/ALTERATION/REPAIR <input type="checkbox"/> CENTRAL HEATING SYSTEM <input type="checkbox"/> AIR CONDITIONING SYSTEM <input type="checkbox"/> SUPPLEMENTAL SYSTEM <input type="checkbox"/> OTHER: _____
-----------------------------	---

COMMERCIAL PROJECT:	<input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION/ALTERATION/REPAIR <input type="checkbox"/> CENTRAL HEATING SYSTEM <input type="checkbox"/> AIR CONDITIONING SYSTEM <input type="checkbox"/> SUPPLEMENTAL SYSTEM GROSS FLOOR AREA (SQ. FT.) : _____
----------------------------	--

The undersigned states that he/she is the owner of the property or authorized agent contracted by the owner of the property. This permit will be granted on condition that all work done will be in accordance with the City of Brook Park Ordinances and all Building Code Laws of the State of Ohio. Failure to comply will result in revocation of this permit and additional fines/penalties may be imposed.

SIGNATURE:	_____
-------------------	-------



CITY OF BROOK PARK – BUILDING DEPARTMENT

5590 Smith Road • Brook Park • Ohio • 44142 • Phone: (216) 433-7412 • Fax: (216) 433-4117

HOMEOWNER’S PERMIT CERTIFICATION

Property Address: _____

Property Owner Name(s): _____

PHONE #: _____ -Cell -Home -Work

ALT. PHONE #: _____ -Cell -Home -Work

I hereby certify that as the property owner, *I personally will perform the work* described on the permit application *in lieu of securing the services of a registered professional* to complete the work, as provided for by the provisions of Section 1311.02 of the Codified Ordinances of the City of Brook Park, Ohio.

I understand, as the permit holder, it is my responsibility to:

- Obtain all required Permits and Approvals
- Comply with all applicable Building Codes, Zoning Codes and other Specifications
- Obtain all required Inspections
- Assume responsibility for correcting any deficiencies detected during inspection(s) of the work

I further understand that any misrepresentations or falsifications on a Permit Application or this Certificate, may cause a suspension or revocation of *any* Permit issued, as provided in the Section 1311.07 of the City of Brook Park Building Code, and may be subject to the penalties provided in Section 1311.99.

SIGNATURE: _____ DATE: _____