



# City of Berea

Permit No. \_\_\_\_\_  
 Cost of Permit \_\_\_\_\_  
 Date \_\_\_\_\_

**Department of Codes and Planning**  
 212 Chestnut Street · Berea, Kentucky 40403  
 (859) 986-8528 · Fax (859) 986-7657

## HVAC CONSTRUCTION PERMIT APPLICATION: COMMERCIAL BUILDINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location \_\_\_\_\_  
 (Street) (County) (City) (Subdivision)

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Case Number \_\_\_\_\_ Plan Number (if applicable) \_\_\_\_\_

**CHECK EACH BOX THAT APPLIES:**     New Construction     Existing Unit

Value of Project	Fee	Value of Project	Fee	Value of Project	Fee	Value of Project	Fee
\$2,000 or less	\$125	\$100,001 to \$150,000	\$630	\$500,001 to \$600,000	\$1,725	\$1,100,001 to \$1,200,000	\$3,050
\$2001 to \$10,000	\$180	\$150,001 to \$200,000	\$760	\$600,001 to \$700,000	\$1,900	\$1,200,001 to \$1,300,000	\$3,280
\$10,001 to \$25,000	\$270	\$200,001 to \$250,000	\$885	\$700,001 to \$800,000	\$2,125	\$1,300,001 to \$1,400,000	\$3,510
\$25,001 to \$50,000	\$330	\$250,001 to \$300,000	\$1,025	\$800,001 to \$900,000	\$2,355	\$1,400,001 to \$1,500,000	\$3,735
\$50,001 to \$75,000	\$390	\$300,001 to \$400,000	\$1,150	\$900,001 to \$1,000,000	\$2,590	\$1,500,001 to \$1,600,000	\$3,965
\$75,001 to \$100,000	\$500	\$400,001 to \$500,000	\$1,500	\$1,000,001 to \$1,100,000	\$2,820	Over 1,600,000	See**

\*\*The fee for installations over \$1,600,000 is \$3,965 plus \$200 per \$100,000 or fraction thereof in excess of \$1,600,000.\*\*

Inspections	Date	Inspector	Remarks & Notes

The City of Berea Codes Enforcement Office is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC / Homeowner Signature \_\_\_\_\_ License No. \_\_\_\_\_

Complete Address \_\_\_\_\_

Office / Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_ Value of Project \_\_\_\_\_ E-Mail \_\_\_\_\_