

Fee \$ _____
3% State \$ _____
TOTAL \$ _____

Date _____

**CITY OF BROOK PARK, OHIO
DIVISION OF BUILDING**

COMMERCIAL HVAC PERMIT APPLICATION

CONTRACTOR

JOB LOCATION

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____

OWNER'S NAME _____
ADDRESS _____
CITY/STATE _____
TELEPHONE _____

ESTIMATED COST: _____

NEW CONSTRUCTION

_____ Gross Floor Area (sq. ft.)

_____ Warehouse or Parking Garage (sq. ft.)

ADDITIONS, ALTERATIONS OR REPAIRS

_____ Gross Floor Area (sq. ft. and description of work)