



CITY OF BROOK PARK – BUILDING DEPARTMENT
5590 Smith Road | Brook Park | Ohio | 44142
P: 216.433.7412 | E: buildingdept@cityofbrookpark.com

www.cityofbrookpark.com/building-department

ALL REQUESTS **MUST** BE MADE USING OUR CURRENT / APPROPRIATE CALENDAR YEAR FORMS
We do not “HOLD” documents, **INCORRECT** and/or **INCOMPLETE REQUESTS WILL BE RETURNED**

Our office does **NOT** accept payments online

Payments accepted via: *Exact Cash, Check / Money Order (Payable to: City of Brook Park), Visa, Mastercard, Discover*

Work CANNOT begin until an approved permit is on site. Allow 3-5 days processing of non-structural requests, 3-30 days for New Construction/Additions/Alterations. A minimum 24 Hour Notice is required to schedule for first available inspection

2024 HVAC PERMIT APPLICATION – Page 1 of 2

Anticipated date WORK WILL BEGIN: _____ PROJECT VALUATION: \$ _____

PROJECT ADDRESS: _____ ☐ Residential ☐ Commercial

Property Owner Names(s): _____ Phone #: _____

Request Permit be returned via: ☐ E-Mail: _____
☐ Mail (*Include STAMPED, self-addressed envelope*)

WORK WILL BE COMPLETED BY THE:

☐ **PROPERTY OWNER:** I hereby certify _____ (INITIALS), as the property owner that *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, that 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). I further understand that any misrepresentations or falsifications on a Permit Application 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

☐ **REGISTERED CONTRACTOR** (Business Name) _____

Project Contact Person: _____ Phone #: _____

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

APPLICANT SIGNATURE: _____ DATE: _____

THIS IS A 2 PAGE APPLICATION, BOTH PAGES MUST BE COMPLETED & RETURNED (*Page 1 of 2 – Continue to next page*)

FOR OFFICE USE ONLY BELOW THIS LINE:



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PROJECT ADDRESS: _____ Date: _____

Did this project require approval from the Board of Zoning Appeals or Planning Commission? ☐ No ☐ Yes, Date: _____

SELECT ANY / ALL THAT APPLY TO THE PROJECT & PROVIDE DETAILS - Building, Electric, Plumb work must be submitted separately on appropriate Application

2024 HVAC PERMIT APPLICATION – Page 2 of 2

☐ Alteration / Repair ☐ New Construction ☐ Fire Restoration ☐ Other: _____

Gross Floor Area: _____ (Commercial Projects Only)

☐ AIR CONDITIONING SYSTEM(S) - # of Units: _____ (Provide details below)

Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New

☐ FURNACE / BOILER SYSTEM(S)

Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit Size: _____	Unit Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New

☐ SUPPLEMENTAL SYSTEM(S)

Unit: _____	Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New
Unit: _____	Location: _____	<input type="checkbox"/> Existing <input type="checkbox"/> New

☐ OTHER - _____

- Continue Additional Units/Details on Back of Application -

PROJECT DESCRIPTION: _____

_____ (Continue on Back of Application)