

**CITY OF BRECKSVILLE BUILDING DEPARTMENT  
MAIL-IN PERMIT APPLICATION FORM**

Address of Job : \_\_\_\_\_ Estimated Cost of Job: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Owner's Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Only residential/dwelling house permit applications for the following type of projects will be accepted by mail. All other applications must be presented to the Building Department in person. Indicate which type of permit you are applying for:

PROJECT	FEE	✓
Air Conditioning ( <b>Indicate the location of unit &amp; efficiency. Submit Drawing</b> ).	\$50.50	
Electrical Alterations ( <b>Attach a detailed description of work to be performed</b> ).	\$50.50	
Furnace Replacement: BTU: _____ Efficiency: _____	\$50.50	
Hot Water Tank Replacement: Gal.: _____ GAS: _____ Elect.: _____	\$40.40	
Low Voltage	\$40.40	
Siding	\$40.40	
Roof ( <b>Indicate second layer or tear off, ice guard &amp; venting information</b> ):	\$40.40	
Waterproofing – Exterior ( <b>Which wall, # of ft., Submit Drawing</b> ):	\$40.40	
Waterproofing – Interior (Includes \$50.50 for electric, <b>Submit Drawing</b> )	\$90.90	
Windows, glass block and/or Doors ( <b>Submit location &amp; efficiency information</b> )	\$30.30	

Amount Enclosed \$ \_\_\_\_\_

**ALL CONTRACTORS PERFORMING WORK IN THE CITY OF  
BRECKSVILLE MUST BE REGISTERED FOR THE CURRENT YEAR.**

Contractor Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that all of the above information is true:

Applicant: (Print Name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable to the City of Brecksville  
Mail this application and your payment to:

**Brecksville Building Department  
9069 Brecksville Road  
Brecksville, OH 44141**

Your permit will be mailed to you.

(Updated: 2/2009)