

500 Genesee Street
 Delafield, WI 53018
 Phone (262) 490-8222



Heating, Ventilating & Air Conditioning Permit Application

| |
|-------------------|
| PERMIT NO. |
| TAX KEY # |
| BUILDING PERMIT # |

| | |
|--|---|
| PROJECT LOCATION (Building Address) | |
| PROJECT DESCRIPTION | <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE & TWO FAMILY |

| | | |
|-------------------|--------------------------------------|-------------------------------|
| OWNER'S NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| CONTRACTOR'S NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| ESTIMATED COST | LICENSE NUMBER | |

| SCHEDULE OF INSPECTION FEES | | EACH | COUNT | FEE |
|-----------------------------|-----------------------------|------------------------------|---------------|-------|
| NEW BUILDING | Base Fee | \$35.00 | _____ | _____ |
| | Plus (Min \$70) | .05/Sq. Ft. For All Areas | _____ Sq. Ft. | _____ |

| REPLACEMENT, MODIFICATIONS OF HEATING AND AIR CONDITIONING EQUIPMENT AND MISC. ITEMS | | | |
|--|----------------|-------|-------|
| Gas, oil, electric and coal furnace and boiler | | | |
| One and two family - First 150,000 BTU | 25.00 | _____ | _____ |
| Commercial - First 150,00 BTU | 35.00 | _____ | _____ |
| All over 150,000 BTU | \$3/50,000 BTU | _____ | _____ |
| Air Conditioning | | | |
| One and two family | 25.00 | _____ | _____ |
| Commercial | 35.00 | _____ | _____ |
| All over 36,000 BTU | \$2/12,000 BTU | _____ | _____ |
| Fireplace and wood burning stove | 25.00 | _____ | _____ |
| Electric baseboard, wall unit and cabinet unit | 1.25/KW | _____ | _____ |
| Duct work alteration | 25.00 | _____ | _____ |
| Other | _____ | _____ | _____ |
| Minimum Permit Fee | \$40.00 Each | | |
| Reinspection Fee | \$35.00 Each | | |
| Failure to call for inspection | \$35.00 Each | | |
| DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED. | | | |

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ DATE _____

| FEES: | RECEIPT | PERMIT EXPIRATION: | PERMIT ISSUED BY MUNICIPAL AGENT: |
|---|--|--|---|
| Inspection Fee _____ NO REFUNDS ON PERMITS | Ck # _____ Date _____ From _____ _____ Rec. By _____ | Permit Expires 90 Days from date unless otherwise noted below _____ | Name _____ Date _____ Certification No. _____ |