



Heating, Ventilating & Air Conditioning Permit Application

210 Cottonwood Avenue
Hartland, WI 53029

Phone: (262) 367-4744

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 _____

LIST ELECTRICAL CONTRACTOR FOR ALL HVAC REPLACEMENTS _____ MAILING ADDRESS - INCLUDE CITY & ZIP _____ TELEPHONE - INCLUDE AREA CODE _____

SCHEDULE OF INSPECTION FEES	EACH	COUNT	FEE
BASE FEE (Residential \$35.00 / Commercial \$50.00)		_____	_____
New Building, Alterations, Additions06/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	50.00	_____	_____
All over 150,000 BTU	\$6/50,000 BTU	_____	_____
Air Conditioning			
One and two family	25.00	_____	_____
Commercial	50.00	_____	_____
All over 36,000 BTU	\$4/12,000 BTU	_____	_____
Fireplace and wood burning stove	35.00	_____	_____
Electric baseboard, wall unit and cabinet unit	1.25/KW	_____	_____
Duct work alteration	25.00	_____	_____
Other		_____	_____
Minimum Permit Fee	\$35.00 Each		
Reinspect 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 _____

CONDITIONS OF APPROVAL: This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. Commercial, and buildings housing over two families shall have **State Approved** heating plans with his application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application. Give at least 24 hours notice.

FEES:	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	Receipt # _____ Date _____ From _____ Rec. By _____	Permit Expires 90 Days	Name _____ Date _____ Certification No. _____

NO REFUNDS ON PERMITS