



W230 S9185 Nevins St.
Big Bend, Wisconsin 53103
Phone: (262) 662-2747
Fax: (262) 662-3751

Building Inspection
call (262) 364-6969

PERMIT NO.
TAX KEY#
BUILDING PERMIT #

**HEATING, VENTILATING
& AIR CONDITIONING**
Permit Application

PROJECT LOCATION (Building Location)	
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

NEW BUILDING ADDITION, REMODELING	Minimum Permit Fee.....	EACH	COUNT	FEE
		\$55.00		
	New Construction/Remodel.....	.06/sq. ft. for all areas	_____ Sq. ft.	_____

REPLACEMENT, MODIFICATIONS & MISC. ITEMS

New Air Conditioning Unit up to 3 ton or 36,000BTU	\$55.00/each	_____	_____
Each Additional Ton or Fraction Thereof	\$15.00/each	_____	_____
Maximum per-unit Fee	\$750.00/each	_____	_____
Replacement up to 150,000BTU.....	\$55.00/each	_____	_____
Each Additional 50,000BTU.....	\$15.00/each	_____	_____
Bathroom/Kitchen Ventilation System	\$20.00/each	_____	_____
Commercial/Industrial Exhaust Hoods	\$160.00/each	_____	_____
Commercial Intake Systems.....	\$55.00/each	_____	_____
Adding/Removing Ductwork and/or Registers	\$55.00/each	_____	_____
Adding/Removing/Moving Trunk Lines	\$15.00/each	_____	_____

Plus Administrative Fee.....25% of permit total _____

Re-Inspection.....\$75.00/each _____

Failure to Call for Inspection.....\$100.00/each _____

Failure to Obtain Permit.....Triple Permit Fees _____

Work Not Ready for Scheduled Inspection.....\$100.00/each _____

TOTAL =

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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. Call 262-364-6969. 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 will 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 this applications. Residential heating plans, heat loss, calculations and specifications of the equipment to be installed with this application. Please call 262-364-6969 for inspections. Give at least 24 hours notice.

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