Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

# UNIFORM
# HEATING, VENTILATING & AIR CONDITIONING PERMIT APPLICATION

PERMIT NO.

TAX KEY #

**ISSUING MUNICIPALITY**

☐ TOWN ☐ VILLAGE ☐ CITY

OF _____

COUNTY _____

**PROJECT LOCATION** (Building Address)

**PROJECT DESCRIPTION**

☐ COMMERCIAL ☐ ONE & TWO FAMILY

Owner's Name | Mailing Address - Include City & Zip | Telephone, Include Area Code

Contractor's Name (Lic. No.) | Mailing Address - Include City & Zip | Telephone - Include Area Code

License Number | List Electrical Contractor for all HVAC Replacements | Telephone - Include Area Code | Estimated Cost

## SCHEDULE OF INSPECTION FEES

### 1 & 2 FAMILY - NEW BUILDING/ADDITION

| | EACH | COUNT | FEE |
|---|---|---|---|
| Base Fee | $35.00 | | |
| Plus | $.025/Sq. Ft. For All Areas | Sq. Ft. | |

### COMMERCIAL - NEW BUILDING/ADDITION

| | | | |
|---|---|---|---|
| Base Fee | $35.00 | | |
| Plus | $.035/Sq. Ft. For All Areas | Sq. Ft. | |

### REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY AND COMMERCIAL

| | | | |
|---|---|---|---|
| Gas, Oil or Alternative Fuel Furnace and Boiler - 1st 150,000 BTU | $30.00 | | |
| Each additional 50,000 BTU or fraction thereof | $10.00 | | |
| Air Conditioning - 1st 3 Tons | $30.00 | | |
| Each additional Ton or fraction thereof | $10.00 | | |
| Heating and A/C Distribution Systems (Ductwork) or Alteration | $2 per 100 sq. ft. of area of conditioned space | Sq. Ft. | |
| Fireplace and Wood Burning Stove | $30.00 | | |
| Commercial Exhaust Hoods and Exhaust Systems | $50.00 per unit | | |
| Commercial Permanently Installed Wall Units | $30.00 | | |
| Other | | | |

Minimum Permit Fee.....$30.00
Reinspection Fee.....$30.00 each
Failure to call for inspection.....$30.00 each
DOUBLE FEES WILL BE CHARGED IF WORK IS STARTED BEFORE PERMIT IS ISSUED

**INSPECTIONS NEEDED**

☐ Rough ☐ Final

Municipality No. ___ ___ - ___ ___ ___

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. Call (262) 544-8280 or 1-800-422-5220. 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 this application. Residential heating plans, heat loss calculations and specifications of the equipment to be installed with this application.

_____

_____

_____

_____

| FEES: | RECEIPT | PERMIT EXPIRATION; | PERMIT ISSUED BY MUNICIPAL AGENT: |
|---|---|---|---|
| Inspection Fee _____ | CK# _____ | Permit expires two years from date issued unless otherwise noted below: | Name _____ |
| Administration Fee _____ | Date _____ | | Date _____ |
| Other _____ _____ | From _____ | _____ | Certification No. _____ |
| Total _____ | Rec By. _____ | | |

White - Municipal Files Yellow - IIL Office Pink - Clerk/Assessor Gold - Applicant

WISCONSINHAVC04/04