

Town of Genesee

S43W31391 HWY 83  
Genesee Depot, WI 53127

Mailing address: P O Box 242  
Genesee Depot, WI 53127

Heating, Ventilating & Air  
Conditioning Permit Application

For inspections call:  
262-825-8820

Permit NO.
TAX KEY #
BUILDING PERMIT #

Project Location (Building Address)	
Project Description	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ONE AND 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	Email	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
NEW BUILDING	Base Fee.....	\$100/\$150	_____	_____
	Plus (For All Areas).....Residential \$100.00	.08/Sq. Ft.	_____ Sq. Ft.	_____
	.....Commercial \$150.00	.10/Sq. Ft.	_____ 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 150,00 BTU.....		60.00	_____
Commercial - First 150,000 BTU.....		75.00	_____
All over 150,000 BTU.....		\$5/50,000 BTU	_____
Air Conditioning			
One and two family.....		60.00	_____
Commercial.....		75.00	_____
All over 36,000 BTU.....		\$5/12,000 BTU	_____
Fireplace and wood burning stove.....		60.00	_____
Electric baseboard wall unit and cabinet unit.....		5.00/KW	_____
Duct work alteration.....		75.00	_____
Commercial Exhaust Hood		150.00	_____
Other.....			_____
Minimum Permit Fee.....		\$100.00 Residential/ \$175.00 Commercial	
Reinspect Fee.....		\$125.00 Each	
Failure to call for inspection.....		\$125.00 Each	

TRIPLE 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, Agent or Inspector, and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hour notice.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FEES	RECEIPT	PERMIT EXPIRATION:	PERMIT ISSUED BY MUNICIPAL AGENT
Inspection Fee _____	CK # _____ Date _____ From _____	Permit Expires 90 Days from date unless otherwise noted below: _____ No refunds on permits, and are non-transferable	Name _____ Date _____ Cert.No. _____
Total _____	Rec.By _____		